2 December 2006

Chemist+Druggist

www.dotpharmacy.com

News: Pfizer reveals discounts behind direct-to-pharmacy supply deal

News: Professional executive committees face government review

Features: Pharmacists get down to business in C+D/Numark survey

As a healthcare professional you want to steer parents in the right direction when you recommend an ibuprofen for their children. Calprofen not only works in 15 minutes to reduce fever and lasts for up to 8 hours, it also provides a little added extra – the reassurance that parents are looking for. Give them Calprofen, ibuprofen from the makers of Calpol. Now that's a relief.

Contains ibuprofen

Ibuprofen for kids. Peace of mind for parents.

Calprofen Product Information: Presentation: Suspension containing 100mg Ibuprofen per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic and post-immunisation pyrexia. **Dosage:** *Infants 3-6 months:* One 2.5 ml dose may be taken 3 times in 24 hours; *Infants 6-12 months:* 2.5ml three times a day; *Children 1-2 years.* 2.5ml three to four times a day, *Children 3-7 years:* 5ml three to four times a day; *Children 8-12 years:* 10ml three to four times a day *Post-immunisation fever:* 2.5ml (50mg) followed by another 2.5ml (50mg) dose six hours later if necessary. No more than 2 doses in 24 hours. Not recommended for children weighing less than 5kg. **Contraindications:** Hypersensitivity. History of peptic ulceration. Individuals in whom Ibuprofen, aspirin or other non-steroidal anti-inflammatory drugs induce asthma, rhinitis or urticaria. **Precautions:** Hepatic or renal dysfunction, heart failure. Individuals with coagulation defects or receiving anticoagulant therapy. Caution in bronchial asthma or allergic disease. Care should be taken with antihypertensives including diuretics, cardiac glycosides, lithium, methotrexate, cyclosporine, mifepristone, other analgesics, corticosteroids, anticoagulants, quinolone antibiotics and zidovudine. **Pregnancy and lactation:** Not recommended. **Side effects:** GI disturbances, occasionally gastric ulceration and bleeding, hypersensitivity reactions and oedema. Other reactions that haven't necessarily been related to ibuprofen include renal and liver problems, neurological and sensory disturbance, haematological disorders and photosensitivity. **RRP (ex-VAT):** 200ml bottle £4.84; 100ml: £2.97. **Legal category:** 200ml: P; 100ml: GSL. **PL holder:** 200ml: Pinewood Laboratories Limited, Ballymacarby, Clonmel, Co. Tipperary, Ireland. **PL number:** 04917/0044; **PL holder:** 100ml: Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0147. **Date of preparation:** September 2006.

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Pharmacy Champions

Cover: This week's Pharmacy Champions are Jane Hollyer and Ali Hayes. Photo: Stuart Quinn/Apex

Pfizer offers minimum 8.5 per cent discount under direct supply deal

Industry Contractors must spend more than £20,833 per month to qualify for more than minimum discount

Max Gosney

Pharmacists can expect an 8.5 to 11.5 per cent volume-based discount on Pfizer products under the drugs firm's direct to pharmacy supply deal.

Contractors must spend over £20,833 a month to receive more than the minimum 8.5 per cent discount, said Pfizer.

The tiered scale of incentives will have "no negative impact" on pharmacy purchase profits or the NHS drugs bill, claimed David Watson, Pfizer's head of trade. He said: "The money we are investing will go on discounts. That's what pharmacists told us they wanted. We're going to give discounts from the first pound spent and there is no minimum order requirement.

"This will not affect the clawback or the list price of our products. Pfizer medicines will be supplied at the same cost to the NHS."

The scheme will start on March 7, 2007, with deductions applied "straightaway" to customer invoices, added Mr Watson.

Pfizer said it had finalised the discount structure after close discussions with PSNC and the Department of Health.

Packs allowing contractors to sign up to the Pfizer distribution scheme should reach contractors by mid-December, according to the company. Pharmacists can expect to open up an account and become confident ordering "within a day", according to Mr Watson.

Pfizer also pledged to treble the volume of products available to customers under proposals to supply its products exclusively via UniChem. The move will prevent Pfizer medicines becoming out of stock, said Mr Watson.

The Office of Fair Trading is expected to announce whether it will launch a formal investigation into the Pfizer/UniChem supply in the next few weeks.

How much will I get?

Annual Spend	Pfizer Discount
Less than £250,000	8.5 per cent
£250,000 to £1m	9.5 per cent
£1m to £5m	10.5 per cent
More than £5m	11.5 per cent

Scotland will suffer under Pfizer discounts, warns NPA

Scottish contractors could be left short-changed under Pfizer's proposed discount structure, the NPA has warned.

Pfizer's discounts fall short of current incentives offered by the Scottish pharmacy contract, claimed the organisation.

"We are concerned about the impact on NPA members in Scotland, where the average level of discount is higher," the NPA stated.

The organisation said it would monitor the "financial repercussions" of the discount arrangements.

However, the NPA appeared upbeat over the impact of the discounts in England.

An NPA spokesperson said: "From an England perspective, the NPA notes that the discount starts at a level, which is very close to the average level of discount clawback.

"This approach appears to be consistent with the principles of fair funding associated with the new contract in England."

• AAH has escalated its protest against the proposed exclusive distribution arrangement for Pfizer medicines to the Health Select Committee. In a letter to the committee's chair, Kevin Barron MP, group managing director Steve Dunn called for the government to question the proposals prior to their planned implementation in March.

Pharmacists drafted into the war on terror

Practice 'Know your customer' leaflet urges vigilance over certain chemicals

Jennifer Rigby

Pharmacists are being warned that the next terror attack could come from bombs made from everyday ingredients purchased in their stores.

A year and a half on from the July 7 bombings, the National Counter Terrorism Office has issued a leaflet urging pharmacists to be vigilant, called "Know your customer".

Kevin Bolton, a counter terrorism officer at the Metropolitan police service who developed the leaflet, said: "Our message is, to pharmacists around the UK, just be wary and contact the police if people try to buy these chemicals in large numbers, unusual combinations or suspicious circumstances." The leaflet suggests delaying tactics and even monitoring the sale of certain chemicals, like products containing acetone.

What to watch out for

- acetone
- hydrogen peroxide
- sulphuric acid
- citric acid
- hexamine
- methyl ethyl ketone

The Boots store at King's Cross was one of many London pharmacies to aid emergency services after the July 7 attacks

Mr Bolton added that while an individual intent on obtaining the ingredients could still go to a number of different outlets, the campaign hoped to deter opportunistic bombers. "We're realistic on this. It's making a start on stopping bombers," he said.

Doug Leech, technical manager at the Chemical Business Association, who was intimately involved with developing the campaign, added: "In the 7/7 bombings, it's common knowledge that the hydrogen peroxide in one of the bombs came from the hairdressing trade. The police went to them afterwards and they admitted that they had thought that it was a strange, but hadn't known who to talk to. We want pharmacists to know who to talk to."

If you have suspicions about your customers, call the Anti-Terror hotline on 0800 789321.

Pharmacy plans bigger PEC role. See page 6 ›

Contract test unchanged

Legal Burnham says no fall-out from rewording

Pharmacy minister Andy Burnham has assured contractors that rewording the control of entry test will not change the criteria applied to pharmacy contract applications.

Mr Burnham defended the switch from a "necessary and desirable" to a "necessary and expedient" test in the latest version of the National Health Service Bill (C+D, November 11, p6).

He said: "The two terms are interchangeable in meaning. Therefore, as there is no change in meaning, the new Act, once it comes into force, will not change nor have any effect on the basis on which primary care trusts or health boards are to continue to decide NHS pharmaceutical applications."

The comments came in response to a written question from Sandra Gidley, Liberal Democrat MP.

However, legal experts criticised the explanation. David Reissner, partner at pharmacy law specialists Charles Russell, said: "The words 'desirable' and 'expedient' do not mean the same, as anyone who consults a dictionary could confirm." **MG**

Sir Steve Redgrave helped Lloydspharmacy celebrate the completion of its millionth diabetes test at its branch in West Wickham. Pictured with customer Maureen Beaumont, Sir Steve was diagnosed with the disease when he was 35, nine years ago. Lloydspharmacy plans to offer further services following its diabetes success. See page 6 for the full story

We need support to sell our services to GPs, say pharmacists

Exclusive Contractors call for action after survey shows absence of PBC plans

ennifer Rigby

harmacists have called for extra upport to help them rally GPs over ractice based commissioning after esearch revealed three quarters had et to approach doctors.

A C+D survey of 200 Numark nembers found only 17 per cent had ontacted surgeries over PBC.

Contractors urged the industry takeholders to help them bridge the ommunication gap.

Gill Swift, proprietor at the Vhitehouse pharmacy, Staffordshire, aid: "The lack of discussion with GPs ver practice based commissioning is omething that needs to be ddressed. We need to get the nessage across that we're both on he same side."

"I think we should get involved but ur PCT hasn't been very lively this ear with giving us guidance."

Mimi Lau, director of professional ervices at Numark, said limited iscussions with GPs were linked to a poor understanding of PBC in the profession. She said: "There's a sense of mystery around PBC. Pharmacists have heard the phrase but don't know what it's about. It's still very much early days."

She added: "There needs to be more clarity and guidance for pharmacists. We have already produced a GP action plan as a tool for pharmacists to talk to their GPs about MURs – the next step is a tool kit for PBC."

Stephen Fishwick, head of NHS service development at the NPA, said: "Things are moving slowly but that is not to say that pharmacists should be waiting until it is further down the line – the opportunity is now."

Biggest threats revealed in the C+D/Numark survey on page 30 ›

Gill Swift: "We need to get the message across that we're both on the same side"

GPs get PBC backing

The government has announced plans to increase the number of GPs directly commissioning health services.

The blueprint offers guidance for primary care trusts (PCTs) to ensure that doctors are able to take forward PBC with maximum support and minimum bureaucracy, Richmond House said.

The guidance aims to:

- Make it easier for GPs to develop new services and work in consortia.
- Give more financial freedom to GPs to take on a larger budget covering an increased scope of services.
- Strengthen local incentive schemes – to encourage more GPs to engage in PBC and give practices a direct income.

News in brief

Leaving thoughts

Over 61 per cent of pharmacies owning one business have thought about leaving the profession or selling up, compared to just 55 per cent of pharmacies with up to five branches, according to research in Pharmacy Today magazine.

The research, which appears in the December issue of the magazine (distributed with this week's C+D) also polls pharmacists' opinions on the impact of the new pharmacy contract, factors influencing service introduction and funding opportunities.

Survey winners

IPod Nanos are on their way to three lucky pharmacists who completed the C+D/Numark survey.

Martin Cormack of Manor Pharmacy, Norwich; Lyndsay Cowell of Still Pharmacy in Greenock; and Makham Ubhi of BSB Pharmacy in Birmingham took the prizes in a draw of 200 survey respondents.

PSNI reminder

Members of the Pharmaceutical Society of Northern Ireland (PSNI) have until Tuesday December 5 to nominate a colleague for a Fellowship of the PSNI. Nominees must have been registered with the PSNI for at least 10 years.

PSNI has also launched a new website, www.psni.org.uk. The move signals PSNI's plans to become a "fully modernised, fit-for-purpose regulator", said director Raymond Blaney.

CD info goes online

Information about controlled drugs has been added to the World of Pharmacy area on the Royal Pharmaceutical Society's website at www.rpsgb.org

Users should click on Use of Medicines in the navigation bar to find frequently asked questions surrounding controlled drugs.

November endorsement

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following item for November 2006 prescriptions: Ketoprofen 100mg

PEC future up for grabs

Policy DH consultation could lead to more pharmacy-friendly PECs

Ailsa Colquhoun

Professional executive committees (PECs) could become more pharmacy friendly under a Department of Health consultation to ensure the bodies better meet local health needs.

The consultation follows a review by NHS Alliance, which considered PECs' future role, membership and support needs in light of the introduction of practice based commissioning, payment by results and the merger of some PCTs.

The Fit to Lead report concluded that PECs should focus on strategy and the core business of the PCT and should comprise a smaller, multi-professional group with members appointed for their likely contribution and skills.

NHS Alliance stressed that pharmacy representatives have put forward a strong case for pharmacy PEC representation. Boosting contractor numbers would ensure more imaginative commissioning of local health services, said pharmacy stakeholders. "The key to achieving innovation and more creative commissioning is to ensure a broad church of health professionals and patients to influence and shape the commissioning agenda and service redesign," said a joint statement from the RPSGB, NPA, PSNC, CCA and AIMp.

"One reason why PECs have not delivered more innovation is because they have been, for the most part, dominated by one professional perspective," the statement added.

PSNC will also submit an additional response to the PEC consultation, the organisation confirmed. This is expected to focus on assuring the quality of practice based commissioning and ensuring that PEC appointments are made on the basis of capability rather than professional bias.

The responses will then inform updated guidance to PCTs which, says the DH, will be issued in spring 2007. Health minister Lord Warner said: "It is imperative that we take action to ensure clinicians and healthcare professionals are involved in decision-making. Also, we need to move away from the current one-size-fits-all approach."

PECs: key areas for discussion

- What should the key roles and functions of the new PEC be?
- How should the PEC work with practice based commissioners?
- Should there be local flexibility in PEC structure and format?
- Can or should the membership include potential for members from providers outside the PCT, such as the NHS acute sector and alternative secondary and primary care providers?
- Should PEC members be appointed to the board and, if so, how should their competencies be assured?

DHS increases stoma funds

Policy Additional £2.60 per prescription

The Department of Health is to pay an additional £2.60 per stoma prescription dispensed under new stoma and incontinence service proposals.

A DH consultation is proposing to change pharmacists' terms of service to state that:

- When dispensing a stoma item, complimentary wipes and disposal bags should be provided and that postal delivery should be offered.
- Either face to face or telephone advice should be available.

In addition, the DH is suggesting a number of optional, remunerated 'advanced' services, including customising stoma appliances.

In a separate, simultaneous consultation, the DH is additionally proposing to reclassify items into similar subcategories and then reduce prices within that subcategory to a new upper limit. Very low sales products are excluded from the initiative.

More information on the consultation can be found at http://tinyurl.com/yyz9oj and http://tinyurl.com/u3g8f **AC**

Sandra Gidley, MP and Liberal Democrat spokesperson for health, urged independent pharmacists to engage more closely with their local MPs and provide them with first-hand experience of the services now available in community pharmacy at the PharmaPlus annual gathering held at the Riverbank Park Plaza in London. More than 250 guests attended the presentation and dinner and were entertained by professional Salsa dancers before heading for the dance floor themselves. Pictured, from left to right, are PharmaPlus member Beran Patel, Sandra Gidley and PharmaPlus managing director Hiten Patel

Patricia Hewitt: rejects Tory demands

Hewitt holds firm on formula

Politics Allocations will not be reopened

Patricia Hewitt, the health secretary, refused Conservative demands at a heated Commons select committee hearing for the 'unfair' funding formula for regional health authorities (RHAs) and primary care trusts (PCTs) to be reopened within 12 months.

She said she had received complaints about the funding formula and had asked for an advisory committee to review the allocations: a report will be published before the end of this year.

She said: "We will look at the report so that it can inform the funding allocations from April 2008. I think this argument about funding is a complete distraction from the need to make decisions to sort out the problem now because whatever is right or wrong with the formula, we are not going to reopen the allocations for this year and next year."

Ms Hewitt rejected evidence from an academic to the committee of bias in the formula against rural areas. "It seems absolutely right and fair that those with greater health needs get better funding than patients with better health and fewer health needs. That is fair in my view and in the view of the independent advisory committee." **CB**

Lloyds eyes up medicines management

Multiples Company keen on more enhanced services after hitting diabetes milestone

Having carried out one million diabetes screening tests since 2003, Lloydspharmacy is now looking at how patients can be signposted to enhanced services such as medicines management.

Alison Freemantle, professional services development manager at Lloydspharmacy, said: "In areas where there are high instances of diabetes, some PCTs are starting to commission enhanced services. However, the barriers to setting up such services this year have been the restructuring of PCTs, uncertainty about funding and meeting budgets. The PCTs are still going through this and have had other priorities, which have delayed the commissioning process."

Lloydspharmacy has referred 50,000 patients to their GPs following their diabetes screening tests. Ms Freemantle said this data could "fall nicely into an enhanced service" if combined with blood pressure, BMI, height, weight and waist circumference measurements to provide a lifestyle advice service. It could also be integrated into a supplementary prescribing or pharmacist with special interest role, she added. **JE**

in the spotlight

Our new packs have been appearing on your shelves since last November and here at Teva, we're celebrating!

The reason? We have just won a design industry "benchmarks" award for our innovative approach to brand communication to our customers.

Our new packaging design is smart and modern but most of all are designed to aid fast, sure, safe recognition and dispensing for you and your patients.

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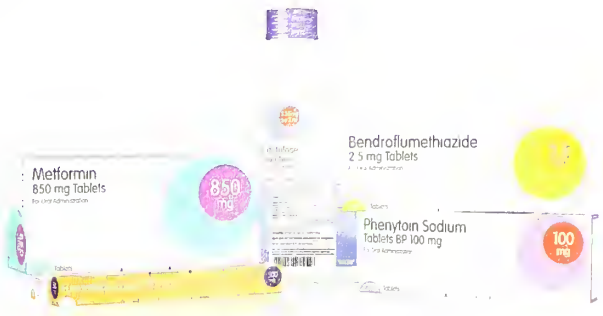

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Pharmacists gain from drug cost-cutting plan

Practice PBC scheme rewards rationalisation

Emma Wilkinson

Pharmacists in Stockport are being paid a percentage of the savings made from a new scheme, which enables them to rationalise medicines use.

Half the pharmacies in the area have already signed up to the practice based commissioning contract in which pharmacists can make changes to medicines with the permission of the GP and patient.

Many more pharmacies are expected to sign up to the scheme in the next few weeks.

Examples of savings made so far include switching patients on ramipril from tablets to capsules and changing a prescription for 1.5mg of rivastigmine tartrate twice a day to one 3mg dose, reducing the cost of the drug by £68 per month.

Under the scheme, the pharmacist suggests a possible change to the patient who, if in agreement, signs a form which is then sent to the GP for approval.

The pharmacist is 'fairly remunerated' with a percentage of the saving.

Peter Marks, chairman of Stockport LPC and member of Stockport PCT's PEC, said he had to fight initial resistance to the scheme but is now having immensely positive feedback from GPs and pharmacists and believes it could easily be implemented in other areas of the country.

"The most important thing is it gives a real chance to cement relationships between doctors and pharmacists and it also gives pharmacists a real chance to get involved in practice based commissioning."

He predicts the savings will potentially be massive but the success of the programme will be audited at the time of the contract visits.

It's a pity England's cricketers haven't learned a thing or two from pharmacist Daphne Rose in Kent, who notched up a glorious half century in pharmacy this week. Ms Rose, 65, manages the Day Lewis branch in Westerham and has worked her way up from her first job as counter assistant 50 years ago. She won a special award for 50 years' service to pharmacy from chief executive Kirit Patel at the recent Day Lewis awards

Sexual health role increases

Practice More consumers seek advice in the pharmacy

Pharmacists are increasingly being asked for advice on sexual health and contraception, a survey has found.

Durex asked 800 UK independent pharmacists about their role in providing sexual health services under the new pharmacy contracts.

Almost 60 per cent said the new contract would have an impact on the sexual health services they offered and how they would be delivered. Many plan to offer chlamydia and STI testing.

Nearly a quarter would like leaflets to help them give advice about STIs, and a small number think extra training, DVDs and CDs or posters would be useful.

Durex will introduce a range of consumer leaflets next summer. **JE**

Diabetes risk should not halt diuretics use

Medicines Researchers find increased risk has no effect on clinical outcome

The increased risk of diabetes associated with diuretic drugs has no effect on clinical outcomes and should not prevent their use as first-line treatment, a major new analysis suggests.

Data from the ALLHAT trial show that fasting glucose levels increase steadily over time, regardless of the type of antihypertensive medication used.

And although the increase was greatest in patients on chlorthalidone (0.47mmol/L) compared with amlodipine (0.31mmol/L) or lisinopril (0.19mmol/L) after two years of treatment, there was no subsequent effect on cardiovascular or renal outcomes.

In the original study of 18,411 patients, chlorthalidone-based treatment was found to result in significantly lower heart failure risk.

This is the first study to examine the effect of the change of fasting glucose levels on outcomes in people taking antihypertensives and casts doubt on the assertion that calcium channel blockers should be the first drug of choice because of the reduced risk of new-onset diabetes. **EW**

Arthritis drugs under review. See page 26 for clinical news

Type 1 diabetes may soon be preventable, say researchers

Medicines Prize-winning work moves to clinical trials

Two prize-winning researchers working on the pathogenesis of type 1 diabetes have claimed that the disease may soon become preventable.

The researchers have both won the Pasteur-Weizmann/Servier International Prize in Biomedical Research for their work.

Professor George Eisenbarth of the Barbara Davis Center for Childhood Diabetes, Colorado, USA, has developed an immunologic vaccination using altered ligands of an insulin peptide that has worked successfully in mice and will now enter clinical trials.

Professor Chatenoud's approach uses a humanised antibody that reprogrammes the immune system to block cells implicated in islet destruction. In a phase II trial involving 80 newly diagnosed patients, the antibody enabled patients to continue producing insulin.

The prize is awarded every three years and is worth £150,000. **GA**

Victorian invention: Rowlands has opened a refitted Victorian pharmacy in Darlington, County Durham. It features traditional wooden and glass cabinets, wooden carved stairs, banisters and a wooden counter

News in brief

Anti-competitive appeal

The Competition Commission is calling on pharmacists to give specific evidence that grocers in the UK are engaging in anti-competitive practices in relation to the supply of goods.

In a letter to the Independent Pharmacy Federation, which has already submitted evidence to the investigation, the Commission calls on individual pharmacists to supply evidence of their grievances. Without this, it could find that grocers have "no case to answer".

Contributions should be sent to tim.olyer@cc.gsi.gov.uk by December 13.

NPA launches SOP

The NPA has produced a standard operating procedure (SOP) for Scottish pharmacists carrying out the national patient group direction for the urgent provision of repeat medicines and appliances.

The NPA SOP provides an overview of the PGD, which allows Scottish pharmacists to provide patients with up to one cycle of their repeat medicines or appliances when the GP is unavailable. Go to www.npa.co.uk

Ibuprofen on the run

Galpharm International is trying to trace two stolen batches of Ibuprofen 200mg x 16 tablets. The tablets, which expire in August 2009, are in Galpharm packaging and carry batch numbers IN6045/IN6046 and PL 16028/0013. They have not undergone the required testing and certification within the EU.

Anyone with information should contact Cambridgeshire Police on 08454 565 564.

New frontiers

The Company Chemists Association is offering UK pharmacy companies the chance to team up with international partners at its New Frontiers 2007 event. It takes place from March 4 to 7 at Marriott Hanbury Manor in Ware, Hertfordshire.

Bob Martin number

The phone number for Bob Martin (OTC, November 25, p47) should have read 0800 085 0113. Apologies for the confusion.

Welsh Numark members ponder MUR challenge

Wales Contractors must combat space restrictions to boost tally

Jane Ellis

Medicines use reviews and enhanced services are the main areas of concern for Numark members in Wales, according to delegates at Numark's Welsh Advisory Committee meeting in Ludlow.

Board member, pharmacist Stephen Howarth of Llandaff Pharmacy, said there was fear and a lack of understanding among Welsh pharmacists about what is required and how to go about MURs. In addition, many are struggling to set up a consultation area.

"It's a physical dimension issue because many have very small front shops and a dispensary that is big enough for what they need to do, but not for carrying out MURs," he said.

Catherine Stanley, of Community Pharmacy Wales (CPW), who attended the Numark meeting, said: "We continue to encourage contractors to start MURs and are working with our partners to carry out accreditation training days and follow-up seminars."

Unclaimed MUR cash will be returned to LHBs, the Welsh advisory board heard

Ms Stanley said CPW was keen to ensure that Welsh pharmacists understand that funding will be returned to the local health boards if they do not carry out MURs.

Around 60 per cent of Welsh contractors are qualified to perform MURs, according to CPW.

RPSGB urged to adopt Royal College-type role

RPSGB Route could clarify RPSGB and fulfil original vision for the CPP

The College of Pharmacy Practice has offered to discuss with the RPSGB a move to a Royal College-type structure for the profession.

The CPP sees this route both as clarifying the separation of the RPSGB's regulatory and professional leadership functions and fulfilling the original vision for the CPP.

College chief executive Ian Simpson commented: "When the college was set up 25 years ago, it was the intention that it should evolve into a Royal College. Implementation of the Foster review recommendations presents the opportunity to make this a reality."

CPP's response to the Foster review also highlights its reservations about the devolution of regulation and revalidation to employers, and points out that the statutory committee is already independent of council.

However, it supports the requirement for the regulator to record post-registration qualifications, and suggests that this should include membership and fellowship of the college. **AC**

Council in talks over separation of roles

RPSGB council members are to discuss the proposed separation of the Society's regulatory and profession leadership functions at their December meeting.

According to the RPSGB, members will be considering a paper on the way forward for the RPSGB, together with input from the national pharmacy boards. At this week's meeting, council members will also look to progress the RPSGB's response to the Foster report.

The Society should split, says the PDA. See page14 for comment

Nice to face review of prescription decisions?

Policy Health select committee expected to announce investigation

The Commons health select committee is expected to announce it is investigating the controversial decisions by the National Institute for Health and Clinical Excellence not to recommend the prescribing of certain drugs on the NHS.

The row over the role of Nice erupted after pharmaceutical companies Esai and Pfizer, which market the drug Aricept, said they want to challenge the process by which Nice rejected it for use in early forms of Alzheimer's disease.

If the challenge is successful, the entire legal basis of Nice recommendations will be undermined, with significant implications for the NHS.

"We are close to a decision," said one committee member. "It looks as though we will go ahead with the investigation pretty soon." **CB**

Walking with a winter wonderbrand

Your customers already trust Benylin for cough. And research shows that they'd rather buy one brand to treat cough, cold or flu.[1] So recommend Benylin Cold & Flu Max Strength Capsules and Benylin Cold & Flu Max Strength Sachets (Non-Drowsy), supported by a £7M advertising spend, and keep your customers confident when treating their winter ailments.

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paracetamol & phenylephrine

Trusted in cough. Now in cold and flu.

Benylin Cold & Flu Max Strength Capsules product information: Presentation: Capsule containing 500mg Paracetamol, and 6.1mg Phenylephrine hydrochloride and 25mg Caffeine. **Uses:** For the relief of symptoms associated with the common cold and influenza, including relief of aches and pains, sore throat, headache, fatigue and drowsiness, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: 2 capsules to be swallowed whole with water every 4 hours, up to a maximum of 8 capsules in 24 hours. Children 6-12 years: 1 capsule every 4 hours, up to a maximum of 4 capsules in 24 hours. Children under 6 years: not recommended. **Contraindications:** Hypersensitivity to any of the ingredients. Severe coronary heart disease and cardiovascular disorders, hypertension, hyperthyroidism, history of peptic ulcer. Also contraindicated in patients currently receiving or within two weeks of stopping therapy with monoamine oxidase inhibitors. **Precautions:** Caution in severe renal or severe hepatic impairment, Raynaud's phenomenon and diabetes mellitus. Concomitant use of other products containing paracetamol. **Interactions:** The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators, and β- blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbituates, monoamine oxidase inhibitors and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash may occur. Blood dyscrasias, raised blood pressure, headache, nausea, vomiting and occasionally palpitations; tachycardia or reflex bradycardia; tingling and coolness of the skin, insomnia, restlessness, tremor, anxiety, urinary retention and hallucinations. Rarely reports of allergic reactions. **RRP:** 16 capsules £2.99. **Legal category:** GSL. **PL Holder:** Wrafton Laboratories Limited, Braunton, North Devon, EX33 2DL. **PL Number:** 12063/0066. **Date of preparation:** June 2006. **Benylin Cold and Flu Max Strength Sachets (Non-Drowsy) product information: Presentation:** Yellow powder for oral suspension containing 1000mg Paracetamol and 12.2mg Phenylephrine hydrochloride. **Uses:** For relief of symptoms of colds and influenza, including the relief of headaches, aches and pains, sore throat, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: Contents of one sachet dissolved in hot water. May be repeated after 4 – 6 hours. Maximum of 4 sachets in 24 hours. Under 12 years: not recommended. **Contraindications:** Known hypersensitivity to any ingredients. Severe coronary heart disease or hypertension. **Precautions:** Caution in severe renal or severe hepatic impairment, Raynaud's phenomenon, diabetes, phenylketonuria. Concomitant use of other products containing paracetamol. **Interactions:** The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators, and β-blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbituates, monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. Not recommended for patients currently receiving or within two weeks of stopping therapy with MAOIs. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash may occur. Blood dyscrasias, raised blood pressure, tachycardia and occasionally palpitations; bradycardia; tingling and coolness of the skin, insomnia, restlessness, tremor, anxiety, urinary retention and hallucinations. Rarely reports of allergic reactions. **Legal category:** GSL. **PL Holder:** Wrafton Laboratories Limited, Braunton, North Devon, EX33 2DL. **PL Number:** 12063/0067. **Date of preparation:** June 2006. **Reference:** 1. Data on file, Pfizer Consumer Healthcare Research, Feb 2004. The B

Your letters

The changing face of pharmacy?

I enclose a copy of a prescription from our local medical practice that was presented at our pharmacy, Buckley's Ltd of 589 Liverpool Road, Platt Bridge, Wigan, a few weeks ago.

It would appear that the practice is undertaking a new role in healthcare!

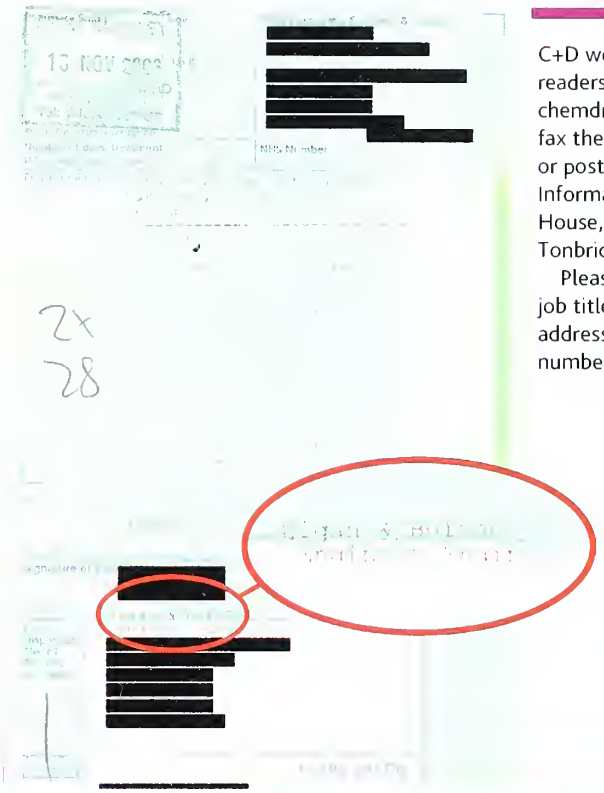
The general public are often urged through the health service media to regard their bodies as precision machines, regular care and maintenance ensuring a trouble-free working life.

Perhaps the phrase "going to the doctor's for an annual MOT" now has a new meaning!

I shudder to think what pharmacy's role in this will be under the new contract and how much paperwork this will now entail!

In addition to consultation areas, will a service bay become mandatory?

Andrew Calder MRPharmS
Leigh, Lancs



C+D welcomes letters from readers. Email them to chemdrug@cmpmedica.com, fax them on 01732 367065 or post them to C+D, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE.

Please include your name, job title if appropriate, your address and a contact number where we can reach you should we need to discuss the content of your letter.

Letters may be edited for length and/or content.

In addition to consultation areas, will a service bay be mandatory?

More letters on page 16

Your views

Tory MPs say Labour's NHS plans are cuts too far

Community pharmacists could be forgiven for thinking they do not matter as far as Tony Blair's final term of office is concerned.

A computer check will reveal that the words 'pharmacists' and 'pharmacy' did not pass the lips of MPs during the health debate on the Queen's Speech.

It is easy to see why. MPs on all sides are currently fixated with the cuts they are facing in the NHS as Patricia Hewitt, the health secretary, desperately tries to meet the Treasury-imposed target of bringing the NHS into financial balance by the end of the financial year.

The main health themes of the Queen's Speech setting out the bills for the coming year are the determination to press on with modernisation in the NHS, changes to the mental health legislation to allow those with serious disorders to be detained, and reform of the embryology laws.

Tory MPs are feeling particularly angry because they are convinced they are being targeted for cuts following the leak – later confirmed by Freedom of Information demands – of a map of 'NHS hot spots', which shows where the government expects the greatest controversies. Most are in Tory seats.

Ms Hewitt is adamant that there is no correlation between deficits and Tory seats, but their ire was raised by her somewhat hectoring style. Her bedside manner has been likened to Lady Thatcher – 'nanny knows best' – and her voice to nails being scraped across a blackboard.

What really got Tory MPs riled was Ms Hewitt's defence of the funding system. She was unashamed that more money was being allocated to areas in need, which tended to be the Labour seats, than the 'healthier wealthier' parts of the country that return Tory MPs.

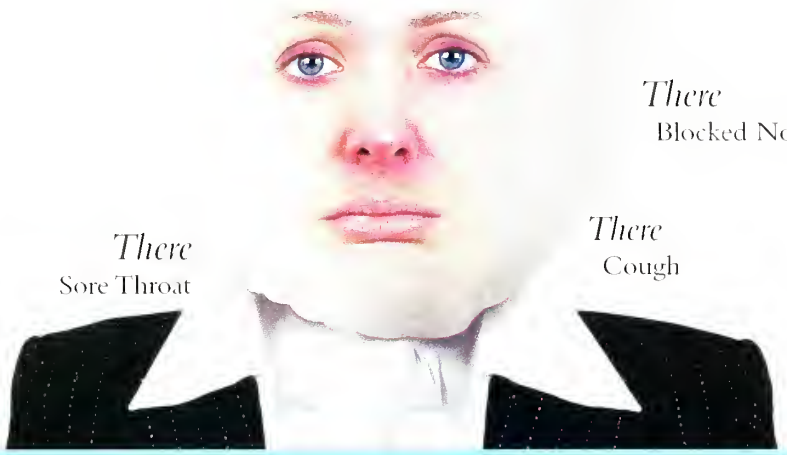
MPs are fixated with the cuts they face in the NHS

She accused Conservative members of wanting to take money from poorer, sicker communities to give to healthier, wealthier neighbourhoods. However, her cross-examination on the deficits before the health select committee left one with the overriding impression that the government has brought the crisis on itself by chopping and changing policy so many times.

Sandra Gidley, the Liberal Democrat MP and a pharmacist, said hospitals had hired more staff when they were ordered to reduce waiting lists. Now the staff were being sacked because political priorities had been changed.

One assurance that should cheer pharmacists was given by Ms Hewitt in answer to a plea by former Labour minister Chris Mullin. She promised a period of 'calm' in primary care.

Colin Brown, deputy political editor, The Independent



There
Blocked Nose

There
Cough

There
Sore Throat

How a little TLC can make your customers feel more like themselves again

Care
Menthol
Menthol & Eucalyptus Inhalation
Friar's Balsam

Care
Pholcodine Linctus
GLH with Glucose
Simple Linctus

Care
GLH with Ipecac
Glycerin

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Care+

All the care you

Comment from the editor

It's time to talk to your doctor

It's good to talk. BT's most successful slogan reminds us of how important communication is, so why do we still act surprised when a fellow healthcare professional doesn't know what we're up to?

There's one lesson that every pharmacist should have learned from MURs – you can't achieve good things in a vacuum. In order for these new ways of working to be successful, healthcare professionals must work together and tell each other what they're up to.

In the second part of our exclusive survey with Numark, we reveal that the majority of pharmacists haven't approached their local GPs to discuss practice based commissioning. It's time to unravel the 'mystery' of PBC and get it on the agenda. Of course, it's being tagged onto the end of a very long list, but getting it on the list at all is a good first step. Because if you don't get round to talking about it, the GPs won't get round to commissioning you – they'll be commissioning someone else who did.

But sometimes we all need a little help to do the difficult stuff. If pharmacy wants to prevent PBC becoming a GP practice self-commissioning closed shop (and avoid a repeat of the confusion surrounding MURs), pharmacy's professional bodies need to listen to the worries of the average pharmacist.

One of the main criticisms from this survey and others levelled at the pharmacy organisations has been a lack of real support for pharmacists who are faced with implementing these changes. Symbol groups such as Numark and Nucare have the right idea: more toolkits please.

The details of the Pfizer discount structure are exclusively revealed in C+D this week (see page 4). Depending on the volume of your Pfizer ordering, you will receive between 8.5 and 11.5 per cent discount. The NPA says this is about right if you're based in England or Wales, but probably not if you're in Scotland, where the average level of discount is higher. How will it affect you? Email us at chemdrug@cmpmedica.com or phone 01732 377315.

> If you don't talk about PBC, the GPs won't commission you – they'll commission someone who did

Your views

Why we must split the dual roles of the Society

Mark Koziol hopes the RPSGB does not waste another 10 years gazing at the government's regulatory navel

It is no secret that the PDA strongly advocates that the Society should split its current functions of regulation and representation and cede its regulatory role to the government as soon as possible.

There are powerful reasons why a dual role split will be good for pharmacists and patients alike.

If one takes a long hard look at the activities of the Society it becomes clear that for almost a decade it has wasted valuable time and squandered resources on pandering to the government's regulatory agenda. First we had the painful 'Charter debate', then we had the debacle over mandatory CPD which has resulted in many thousands of experienced pharmacists either joining the non-practising register or leaving the profession altogether. More recently the Council has been forced to dramatically increase retention fees because of the costs of regulation.

Finally, we are seeing an increasingly demoralised profession facing unprecedented levels of disciplinary activity.

It is my contention that while the regulatory agenda has been so onerous, the RPSGB has not been doing enough to support the development of the profession and valuable opportunities are being lost. Compare the amount of time the Council spent on the consideration of the Section 60 Regulatory Order (a year or more) versus the time it spent on preparing itself for the All-Party Pharmacy Group enquiry into pharmacy (perhaps a few hours?). Another example is the distinct lack of support by the Society for the provision of MURs by pharmacists.

We will never know how many opportunities have been lost, but there can be little doubt that the regulatory agenda has cost our profession dear.

But why should any of this be of interest to a defence association?

It is because we want to see pharmacists practising under much more favourable conditions. We want to see a new focus on safety and practice issues and a new supportive culture emerge for pharmacists from the RPSGB. We want pharmacists to be able to turn to their professional body confident in the knowledge that they will receive encouragement and support and not a prosecution or disciplinary investigation.

We want pharmacists to receive help from the Society when they undertake their CPD and not a threat of removal from the Register if they fail.

We want to see leading edge practice develop within the profession. Generally, this can only flourish if it is evaluated and nurture by the professional body. By creating the appropriate risk management frameworks and by acting as the advocate for pharmacists, the professional body can succeed in moving leading edge work into the mainstream of practice. This is how a profession grows and develops, and this is how it has been done by organisations like the Royal College of Nursing.

I hope that the RPSGB does not waste another 10 years gazing at the government's regulatory navel.

An RPSGB unshackled from the role of regulation will be able to accomplish far more in improving the health of our profession and that of its members.

I would urge our leaders to waste no more time; the Council can make it happen at its December meeting.

Mark Koziol is chairman of the Pharmacists' Defence Association

Xrayser

Fighting discrimination against medicines

Many patients with heart failure do not understand their condition or the medications they are taking, according to new research (C+D, November 25, p18). So tell me something I don't know. I didn't need to start carrying out MURs to realise that most patients, with or without any long-term condition, do not understand their condition or their medication.

Patients' ideas about their medicines range from simple misunderstandings to bizarre notions based on anything from colour preferences to something they read in a magazine. A pharmacist pressure group could help fight some of the more blatant discrimination against medicines. These beautifully formulated presentations of wondrous clinical compounds are discriminated against because of their colour, their size, their packaging, their name, and even the part of the body they are designed to target:

"Oh, there's nothing wrong with my brain, thank you, I don't need them great big white whaddyacallems and I can't get them out of the foil anyway."

"But these paracetamol will make your headache go away, Mrs Jones, and we can let you have them loose in a bottle," said a spokesperson for the Commission for Medicines Equality.

We all know that the methods patients use to cope with complicated dosing regimes are creative, ill-conceived and downright dangerous.

"I have two of those clestroll ones on a Friday because that's when I have fish and chips and then I don't have any more till Tuesday after me cream cake. And I take all of those little 'uns on a Monday so I don't need to take any for the rest of the week."

Clearing up a simple misunderstanding can go a long way to improving a patient's wellbeing.

"Them willy pills just send me to sleep."

"They're your temazepam, Mr Smith. Try these blue diamond shaped ones instead."

We still have a long way to go in delivering enough reviews to make a real difference, but as long as medicines are treated with suspicion there will be a role for MURs.

Stress busting from the Society

Luckily along with a demand for £283 to remain on the Register for another year there came a leaflet on coping with stress. I wonder if the Samaritans would be interested in my feelings of being bullied into handing over large sums of money to my professional body.

Of course I'm stressed, who wouldn't be in my position? And a little stress can't be such a bad thing – it helps me squeeze 12 hours' work into a 10-hour day without a break. The leaflet suggests three causes: poor communication, setting unreasonable objectives, and promoting a long hours culture.

I estimate that at least 95 per cent of pharmacists are under these pressures most of the time. It doesn't augur well for our mental health.

One of the symptoms rang particularly true – 'feeling it is your fault if you can't keep up'. Is it my fault that I can't do 7,000 scripts, manage six members of staff, run a business, cope with a mountain of admin and still churn out 400 MURs? Well other people seem to be doing it, and there's no-one else nearby to blame.

I plan to use some of the tips to help me cope. I will check prescriptions while pedalling furiously on my exercise bike, eating bunches of bananas and listening to a relaxation tape.

Northern Ireland Notebook

Filed under B (for bin!)

The negativity we oft project abroad on the state of our profession such as our lack of proper utilisation within the health service, and insufficient funding mask the fact that we are perhaps more to blame for our woes than those poor souls at DHSSPS we seek to blame. I am certainly guilty.

Healthy Start, a new UK-wide initiative, is being set up to modernise the babyfoods/milk scheme. We have always been envious of those who benefited from the old scheme and wanted to take part and this will allow us all to join in. Great news! Yet it was only when talking to a baby milk rep that I realised the application forms I had thrown into the bin were those that allowed me to register as a supplier.

I could claim it's difficult to keep up with all developments but that can be no excuse, particularly when it affects my bottom line. DHSSPS used to be such a steady institution, shunning change, but now it seems Stormont is spawning new initiatives with the vigour of a March hare.

It was only by attending a NICPPET meeting that I found out about developments in the pharmacy smoking cessation service. A new national scheme allows pharmacists to supply NRT to smokers who enrol with our service. This can only be done by the pharmacies that have already, or will, sign up to provide a smoking cessation service, but it's a major jump forward.

> It seems Stormont is spawning initiatives with the vigour of a March hare

I realise I have been too focused on my shopfront and need to see the emerging opportunities being offered. So as I worry that my Lynx sets are too expensive and wonder if I have bought too many fine fragrances that are 33 per cent cheaper in Semi-Chem, should I be thinking about changing my game? Perhaps I should invest more time and energy developing services that the health service now seems [illegible] to pay me for. I have complained about the lack of support [illegible] so I'm off to have a l[illegible]

Written by a pharmacist practising in North[illegible]

Your views

Compromise and negotiation in Parliament

Beverley Parkin stresses the importance of pharmacists having their say on the new Mental Health Bill

We are reminded almost daily now that Tony Blair is in his final months in Downing Street. From his last party conference as Prime Minister, to his last appearance laying the wreath at the Cenotaph on Remembrance Sunday, then the final Queen's Speech of the Blair era, each becomes a milestone on the way to the dominant political figure of the past decade exiting the Westminster stage.

The Queen's Speech, in spite of all its usual pomp and circumstance, was a politically uneventful affair. There were no surprises, no final political tricks from Blair, a man who friend and foe alike will acknowledge as a master conjurer. The government's catch line 'security for all' reflected the sombre tone. The 29 bills that will be introduced promise action on issues from crime and antisocial behaviour to immigration and pensions. The health sector, and certainly pharmacists, will breathe a sigh of relief that the government has responded to our call for an end to the constant merry-go-round of new legislation. When questioned on the absence of major health reforms, the government confirmed that new initiatives, such as those outlined in the White Paper – Our Health, Our Care, Our Say – will be implemented, but for the most part there is no need for primary legislation.

There is not a complete absence of health legislation. The new Mental Health Bill will be the third government attempt in eight years to reform mental health law by updating previous legislation. Ministers say the new laws will improve protection for patients and the public by allowing patients with severe personality disorders to be detained and treatment orders to be imposed on patients in the community. In defending the Bill against a storm of criticism from

> Conservative Tim Loughton says the Bill is the latest attack on civil liberties

mental health charities and opposition politicians, health minister Rosie Winterton says supervised community treatment is aimed at "revolving door" patients who were discharged from hospital but then fail to take their medication and keep in touch with healthcare staff. For the Conservatives, shadow minister Tim Loughton argues that the Bill is the government's "latest attack on civil liberties", which will cause many with mental illness to be fearful of presenting themselves for treatment in the first place. Pharmacists have a particular interest, and experience, in dealing with these often complex issues and it will be important that a pharmacy contribution is heard by Parliament over the coming months.

On the Mental Health Bill, and other legislation, the final Blair session could become one marked by a greater deal of compromise and negotiation between government and Parliament. In contrast to the early Blair years there is a new mood in Parliament, where Labour's reduced majority and the increasing rebelliousness on the government's backbenches, combined with the Tory resurgence, causes government whips to work overtime. The key to the Prime Minister's success over the coming months may be the extent to which his Downing Street neighbour and would-be successor Gordon Brown is prepared to support Blair as his power ebbs away.

All of this political change creates uncertainties, but for the RPSGB, we will be focusing on the opportunities that lie ahead to build support for our agenda and promote understanding of our concerns, among the next generation of political leaders. We cannot be sure, of course, if it will be a Brown decade, or a Brown blip followed by a new Cameron era, or even a hung Parliament but in any case, we will keep up our work to place pharmacy at the centre of government thinking.

Beverley Parkin, RPSGB director of public affairs

Locum's viewpoint

Room for improvement

It always slightly surprises me that whereas our Lords and Masters can set standards for just about everything under the sun, no-one has yet addressed the subject of the woeful standard of labelling medication in the nation's pharmacies. To put it bluntly, labelling is not taught in our schools of pharmacy or by employers, the subject being thought too minor to teach. But walk in to any pharmacy and you will see labels slapped on medication any old how, invariably crooked, often upside down to the print on the container, sometimes overhanging the edge of the box and, the ultimate dangerous sin of all, covering the name of the product.

My apprentice master insisted I always labelled the way the patient held the container, straight and especially not covering the name of the product, using the space provided by the manufacturer on the back of the box where possible, or over the barcode. The practice of labelling containers, particularly inhalers, down the length of the box, he thought the most slovenly practice of all. One argument was that you would not put a label vertically on a bottle so why label vertically on a packet? Also, why should the patient have to turn the container to read the label?

No-one now appears to give a second's thought to labelling and presentation of medication, both once thought of as important in maintaining professional standards in dispensing. As to then shoving potent medication into the cheap plastic bags that one company now uses – claimed to be cost-effective (ie cheap) – do companies any longer care? Perhaps pharmacists and dispensers could give the matter a little consideration, possibly for the first time?

Name and address supplied

What's your policy on labelling medications? Which manufacturers have the best designed boxes and which could do better? Let C+D know what you think.

Email chemdrug@cmpmedica.com, fax us on 01732 367065 or post your opinions to us at C+D, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE.

Please include your name, job title if appropriate, your address and a contact number where we can reach you should we need to discuss the content of your letter.

Letters may be edited for length and/or content.

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C+D Clinical

Colds, flus and sore throats

Advising on OTC treatment

Alan Nathan

Two common upper respiratory tract conditions – the common cold and influenza – show similar symptoms and are often confused by patients (see Table 1, overleaf).

Treatment

The same non-prescription medicines are used to treat symptoms of both the common cold and influenza. Proprietary OTC preparations often contain a combination of ingredients intended to treat several symptoms.

Fever and malaise

Paracetamol, aspirin and ibuprofen are used to reduce fever and to ease headache and muscle pains in flu, and general discomfort with colds. They are more or less equally effective but there is often a personal preference for one or other. Aspirin use is restricted by its pronounced side effect profile, and may not be given to children under 16 years because of its association with Reyes syndrome, a rare but occasionally fatal encephalopathy. Paracetamol and ibuprofen can be given to babies from three months of age.

Cough

For cough treatments, see C+D Pharmacy Update, January 7, p17-20.

Nasal congestion

Systemic decongestants constrict the swollen mucosa and dilated blood vessels of the nasal passages, and improve air circulation and mucus drainage. Compounds used in cold treatments are the sympathomimetic amines: pseudoephedrine, phenylephrine and ephedrine. Phenylephrine is not considered to be effective orally because of irregular absorption and first-pass metabolism in the liver, but it is the only systemic decongestant licensed for use in GSL products.

More than 100 viruses can cause rhinitis, and so a vaccine is impossible

Photo BSIP, Alexandre/Science Photo Library

Sympathomimetics mimic the action of noradrenaline. They stimulate both alpha adrenoceptors, causing constriction of smooth muscle and blood vessels, and beta adrenoceptors, producing bronchodilation, and so are also useful for coughs where the upper respiratory tract tissues are congested. Sympathomimetics may have CNS-stimulating effects and their vasoconstricting action tends to raise blood pressure.

There are cautions and contraindications to their systemic use:

- Because of their pressor effects, and because they can also increase heart rate, they should be avoided by patients with any cardiovascular condition or glaucoma.
- They also interfere with metabolism, including glucose metabolism, and should not be taken by patients with diabetes or thyroid problems.

The College of Pharmacy Practice

This course (module 1388), in association with multiple choice questions being published in C+D January 6, provides one hour's continuing education

CPD

This article [illegible] the following competen[illegible] G1c, G1e [illegible] SP1b, SP[illegible]

www.tinyu[illegible]

Table 1: Comparative features of common cold and influenza

Common cold (infectious rhinitis)	Influenza
Causes	
• A viral infection of the nose, nasopharynx and upper respiratory tract. There are more than 100 causative viruses, of which rhinoviruses (responsible for 40 per cent of infections) and coronaviruses (10 per cent) are the most common. Immunity to each is specific, with little cross-protection; a vaccine is therefore impossible. • Transmission is via nasopharyngeal droplets, released by sneezing and coughing, inhaled directly or passed on to fingers via surfaces where droplets land. Major sites of entry are the nasal mucosa and conjunctiva.	• An acute infection of the respiratory tract caused by three types of myxovirus. A vaccine is available, reformulated each year to keep pace with antigenic change in the viruses. • Transmission is by droplet inhalation; it is highly contagious.
Epidemiology	
• Extremely common: on average adults suffer between two to four colds per year, and children up to 12 per year. • Incidence is mainly in autumn and winter, but colds can occur any time.	• Up to 15 per cent of the population may develop influenza in any one year. • Influenza occurs in epidemics (400/100,000 population affected in a four week period) roughly every three years; and pandemics (worldwide epidemics) about every 10 years. • It normally occurs in winter.
Clinical features	
• Onset is gradual, with initial discomfort in the eyes, nose and throat. Symptoms are mild to moderate; they are uncomfortable and miserable, but the patient can carry on with normal activities. • There is sneezing and nasal discharge (rhinorrhoea), usually followed by congestion. • There may be mild fever in children, but it is uncommon in adults. • There may be sore throat, and cough due to irritation of the pharynx and mucus dripping down from the nasopharynx into the bronchus (post-nasal drip). • Recovery is usually within four to 10 days, although laryngitis, sinusitis and otitis media may follow and become complicated by secondary bacterial infection.	• Onset is rapid. Initial symptoms include shivering, headache, myalgia (muscle pains), vertigo and back pain. There is always fever. • URTI symptoms follow, including dry cough, nasal congestion and sore throat, although these are often less frequent and pronounced than in the common cold. There may also be anorexia, depression, nausea and vomiting. • Severe symptoms last up to four to five days. With no complications recovery is complete in seven to 10 days, but lassitude, fatigue and depression can persist for several weeks. • Secondary bacterial complications may lead to more serious respiratory conditions, such as pneumonia.
When to refer (both common cold and influenza)	

• Night cough in children. Fairly common in association with a cold, but could indicate asthma if there are no cold symptoms.
• Children with wheezing; may also indicate asthma.
• Asthmatics, as viral URTIs may trigger attacks.
• Bronchitics, as viral infection may become complicated with bacterial infection.
• Cough persisting for more than two weeks, or becoming worse over a shorter period.
• Dyspnoea (shortness of breath). In elderly patients it may indicate cardiac failure.
• Severe pain on coughing or inspiration. May indicate pleurisy or pulmonary embolism.
• Suspected adverse drug reactions, eg dry cough is a well known side effect of ACE inhibitors.
• Coloured sputum (yellow/green/brown), which indicates bacterial infection.
• Blood flecked sputum. Prolonged coughing may cause capillaries in the bronchial passages to rupture and spot the sputum, but there may be a more sinister cause, eg tuberculosis or carcinoma.
• Noticeably raised temperature. This is normal in influenza, but refer if it persists for more than 48 hours.
• Sore throat. Refer if:
  • More than one-week duration, and/or persistent hoarseness, and/or dysphagia (pain or difficulty in swallowing). May indicate carcinoma.
  • Dysphagia and/or rash, and/or stiff neck. May indicate glandular fever or meningitis.
  • Suspected adverse drug reaction; sore throat is an early sign of drug-induced blood dyscrasias.
  • Earache. Nasal catarrh may cause blocked ears and hearing loss. Pain usually means bacterial infection of the middle ear (otitis media), which occurs frequently in children.	

Treatment (see main text)	
Associated advice (colds and influenza)	
To reduce likelihood of catching or passing on infection: • Avoid crowded places where the risk of infection is greater. • Do not touch nose or eyes after being in physical contact with somebody who has a cold or flu.	• Wash hands thoroughly, especially after blowing the nose. • Throw away paper tissues after use. • Keep rooms well aired.

Continued above right

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1. Medised for Children contains:

- ☐ a. Ibuprofen 200mg plus diphenhydramine 12.5mg
- ☐ b. Paracetamol 500mg plus chlorphenamine 4mg
- ☐ c. Paracetamol 120mg plus diphenhydramine 12.5mg

2. Medised for Children can be used by children aged

- ☐ a. Three months to 12 years
- ☐ b. Twelve months to 12 years
- ☐ c. Six months to 15 years

3. Which of the following is Medised for Children not indicated for:

- ☐ Teething pain
- ☐ Symptomatic relief of fever
- ☐ Allergic rhinitis
- ☐ Sore throat

4. What is the maximum dose (in mls) that can be given to an 18 month old child in any 24 hour period?

.....

Your details

Name:.....

Pharmacy Name.....

Pharmacy Address.....

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1. The competition is open to all pharmacists and pharmacy staff working in a registered UK pharmacy
2. Closing date for entries December 29, 2006
3. The winner will be notified by January 31, 2007
4. Only one entry is allowed per person
5. The promoter can accept no responsibility for lost, damaged or delayed entries
6. All correct entries will be entered into a prize draw with the winner(s) being drawn at random. There will be one prize of a Palm One Tungsten TE2 Pocket PC.
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8. The winner may be required to take part in publicity
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- **Diphenhydramine hydrochloride 12.5mg/5ml**

– a mild antihistamine that

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- also helps restful sleep.

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Further information is available from:
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Medised For Children Prescribing Information:

Presentation: Clear to pale pink strawberry fl avoured liquid. Each 5ml contains: Paracetamol 120mg and Diphenhydramine Hydrochloride 12.5mg. **Uses:** For the treatment of mild to moderate pain, including teething pain, headache, sore throat, aches and pains. Symptomatic relief of infl uenza, feverishness and feverish colds. Controls excessive mucous secretion and eases nasal irritation. Also helps restful sleep. **Dosage and administration:** Infants and children 3 months to under 1 year: Half to one 5ml spoonful 3-4 times daily. 1–under 6 years: One to two 5ml spoonfuls 3-4 times daily. 6–under 12 years: Two to four 5ml spoonfuls 3 times daily. Dose should not be repeated more frequently than four hour intervals, and no more than four doses should be taken in any 24 hour period. Do not give to infants under 3 months, except on the advice of a doctor. **Contraindications:** Large doses of antihistamines may precipitate fits in epileptics. Hypersensitivity to paracetamol or any of the other constituents. **Warnings:** If symptoms persist, dosage should not be continued for more than 3 days without consulting a doctor. Do not take with any other paracetamol-containing products. Do not exceed the stated dose. Immediate medical advice should be sought in the event of an overdose, even if the child seems well, because of the risk of delayed serious liver damage. This product may cause drowsiness. If affected do not drive or operate machinery. Use with caution in patients with renal or hepatic impairment. Side effects are rare, but paracetamol hypersensitivity may occur. **Legal Category:** P. **Pack Size and RSP (excluding VAT):** 100ml bottle £2.80; 200ml bottle £4.12. **Product Licence Number:** PL11314/0135. **Product Licence Holder:** Seton Products Ltd, Tubiton House, Oldham, OL1 3HS. Date of Revision: July 2005.

Table 1 (continued)

Associated advice (colds)

- There is usually no reason to see a doctor as a cold will clear up on its own in a week or so, and there is no prescription-only medicine that can cure it.
- Symptoms can be treated with OTC medicines and warm drinks.
- There is no need to reduce daily activities, although sufferers should expect to become tired more easily.
- Sleeping with the head on a high pillow may help breathing at night.
- Avoid smoking, as it further irritates the throat and nose lining.

Associated advice (influenza)

- Rest, preferably by staying in bed.
- Try to get plenty of sleep.
- Drink as much as possible, as large amounts of fluids are lost during a fever.
- Avoid smoking and drinking alcohol.
- Treat with OTC antipyretics and other medication as symptoms require.
- Consult a doctor if the symptoms have not gone after a week, or sooner if they worsen.

- As they are CNS stimulants, doses should not be taken near bedtime.
- Monoamine oxidase inhibitors (MAOIs) prevent the breakdown of noradrenaline and increase the amount stored in adrenergic nerve terminals. Administration of sympathomimetics in conjunction with MAOIs increases the level of adrenergic transmitter substances, potentially resulting in a lethal hypertensive crisis. Sympathomimetic decongestants must therefore not be given to patients taking MAOIs.
- Oral decongestants should also be avoided by people taking beta-blockers. By stimulating the alpha adrenoceptors sympathomimetics produce vasoconstriction and, by acting on the beta adrenoceptors, stimulate the heart. The overall effect is a slight increase in both blood pressure and heart rate. If the beta-receptors are blocked, unopposed alpha-adrenoceptor-mediated vasoconstriction can lead to a rise in blood pressure.

Local decongestants The compounds used locally – ephedrine, oxymetazoline, phenylephrine and xylometazoline – exert a rapid and potent vasoconstricting effect. When used topically inside the nose, this vasoconstriction prevents their absorption, thereby confining activity to the area of application. These products can therefore generally be used when systemic decongestants are contraindicated. Although the likelihood of interactions is low, patients taking MAOIs should not use topical decongestants.

The disadvantage of local sympathomimetics is that if used for prolonged periods they cause a rebound effect, with the congestion returning often worse than before. This is thought to result from compensatory vasodilation as the tissues become conditioned to the drug and its effects wear off. The longer-acting compounds xylometazoline and oxymetazoline take longer to produce rebound congestion than the shorter-acting ephedrine and phenylephrine. Dosing is also more convenient with longer-acting compounds, as they are effective for up to 12 hours and so need to be used only twice or three times daily compared with every three to four hours for the shorter-acting compounds. The shorter-acting topical decongestants should not be used for more than five days and the longer-acting for more than seven days. Rebound congestion does not occur when sympathomimetic decongestants are taken orally.

Sprays are preferable for adults and older children, as a fine mist provides better distribution of medicament. Drops are more likely to be swallowed and absorbed systemically but greater ease of use makes them more suitable for young children.

Inhalants A wide variety of volatile substances is included in products inhaled directly or via steam inhalations for the relief of cold symptoms, but they all have a pungent, aromatic odour.

There is no objective evidence that they improve cold symptoms, but such products have been popular for generations and they undeniably produce a temporary sensation of clearing the nasal passages. In theory, at least, use of volatile products in steam inhalations should be helpful as the steam could be expected to liquefy mucus secretions and make removal easier.

A Cochrane Review[1] supports the use of warm vapour inhalations for relief of symptoms of the common cold. Excessive use of inhalants without steam may make matters worse, however, by impairing the action of cilia in the upper respiratory tract and thereby reducing mucus clearance.

Inhalant preparations contain between two and six volatile ingredients. There is little information available about their action on respiratory tract tissue, and their use appears to be empirical and based on tradition. The most frequently included constituent is menthol, and other popular ingredients are eucalyptus oil, benzoin, camphor, methyl salicylate, thymol, pine oil and peppermint oil, although several others are included in some preparations. Concentrations vary widely between products. Nearly all ingredients have a counter-irritant effect when applied locally.

Inhalants are presented as steam inhalations (eg Menthol and Eucalyptus Inhalation BP 1980), oils that can be inhaled directly or via steam inhalations, and salves to be applied around the throat and upper chest or used with steam. Volatile substances are also included in pastilles and solid stick inhalants.

Rhinorrhoea (runny nose)

Sedating antihistamines are used to treat rhinorrhoea, exploiting the antimuscarinic side effect of drying nasal secretions. They are usually co-formulated with sympathomimetics to counteract congestion and the sedation that they tend to cause (for further information on sedating antihistamines, see C+D Pharmacy Update, June 10, p23-26).

Prevention

A new approach is to try to prevent colds developing by using a micro-gel nasal spray that traps and inactivates viruses then aids their removal from the nose. It is not licensed as a medicine but is registered as a class 1 medical device, for which there have been unpublished trials.

Sore throat

Sore throat is usually associated with the common cold, but is also a symptom of more serious conditions that pharmacists should be able to identify and refer, including:

- **Glandular fever (infectious mononucleosis)** A viral infection, the features of which are sore throat, swollen lymph glands and fever. It is more common in adolescents. Patients normally recover within six weeks without treatment, but they may feel tired and depressed for several months afterwards.
- **Tonsillitis** Inflammation of the tonsils, usually caused by beta-haemolytic streptococcus, with a purulent discharge, fever and malaise.
- **Oral thrush (candidiasis)** A yeast infection, causing sore throat and mouth, with white patches on the oral mucosa.

Pharmacists must also be aware of drugs that can cause agranulocytosis through immunosuppression, of which sore throat is an early indicator. These include: captopril, carbimazole, cytotoxics, neuroleptics (eg clozapine), penicillamine, sulfasalazine and sulphur-containing antibiotics (co-trimoxazole, sulfadiazine).

Treatment

Although many products for sore throat contain antibacterial compounds, causative organisms are usually viruses and are therefore not susceptible. A systematic review of randomised controlled trials[2] concluded that systemic aspirin, ibuprofen and paracetamol are at least as effective as products marketed specifically for sore throat. The action of sucking anything produces saliva, which lubricates and soothes inflamed tissues and washes away infecting organisms. All lozenges and pastilles, regardless of ingredients, have this action and much if not all of their effectiveness is due to this.

Demulcents Non-medicated glycogelatin-based demulcent pastilles, such as glycerin lemon and honey pastilles, or boiled sweets may be as effective as anything for soothing sore throat, for the reasons stated above. Because they contain no medicament they can be used as often as necessary to alleviate feeling dry, thereby relieving discomfort.

Some products contain volatile oils, particularly eucalyptus oil and

Pharmacy update

Continuing professional development CPD

Reflect

On what basis do you recommend products for colds? Have you a favoured remedy and is there sound evidence for its efficacy? Do you or your assistants recommend all-encompassing cold remedies that may be treating symptoms the customer doesn't have? What advice do you give customers about treatments?

Plan

If you read this article you will know about the actions, side effects and precautions of systemic and topical decongestants, and which inhalants and sore throat remedies are of any value.

Act

- Sympathomimetic amines are contraindicated in patients with various health problems. Find out how serious is the risk to a mildly hypertensive patient who is controlled with antihypertensive agents. Try the reference: Does pseudoephedrine increase blood pressure in patients with controlled hypertension? Coates ML, Rembold CM, Farr BM. J Fam Pract. 1995 May;40 (5):511-2.
- How about patients with glaucoma? Are sympathomimetic amines always contraindicated? And what about people with diabetes whose condition is controlled by diet alone? To find the answers search medical sites on the internet. In view of your findings will you change your practise? Extend your findings to the topical use of these products.
- Find out how nasal drops should be administered, if you are not sure. For how long is it safe to use various topical sympathomimetic amines before rebound congestion occurs?
- In your practice book list your 'product of choice' with at least one alternative to treat the symptoms discussed in this article. As you are writing this list be sure that you could justify your selection to a panel of your peers. Now discuss this list with your medicines counter assistants (note timing).
- Prepare three simple check lists (nasal problems – 1. systemic; 2. topical; and 3. sore throat), for example:

Nasal systemic	Spontaneously asked for by patient	Recommended by staff
Your choice 1		
Your choice 2		
Other		

Ask all staff who sell medicines to fill in the appropriate box for one week before you discuss your preferences with them and for one week after.

Evaluate

- Look at the 'before' and 'after' check lists (as above). How do these lists compare? If there has been a change, does it reflect your discussion? If there is no change, think about the reasons for this.
- What did you find online with reference to the use of sympathomimetic amines? Has it changed your practise?

produce a sensation of clearing blocked nasal and upper respiratory passages, and can be useful in relieving symptoms of upper respiratory tract infections that often accompany sore throat. The main disadvantage of most demulcent throat lozenges and pastilles is their high sugar content.

Antibacterials The compounds used in sore throat lozenges are mainly cationic surfactants and phenolic antiseptics. They are bactericidal and have varying degrees of antifungal activity. While they possess activity against lipophilic viruses, the rhinoviruses largely responsible for the common cold are hydrophilic. A sore throat complicated by a secondary bacterial infection, such as tonsillitis, would normally be treated with a systemic antibiotic.

Gargles have the same drawback as lozenges insofar as most have no proven antiviral activity. In addition, contact time with infected tissue is extremely short. The main action of gargles is the mechanical removal of microbes from the pharynx, but tests have shown that levels of contamination are restored within about an hour.

Povidone-iodine is active *in vitro* against rhinoviruses but a clinical trial in Japan showed it to be no more effective in warding off colds than gargling with plain water.[4]

Local anaesthetics Benzocaine is now the only local anaesthetic included in sore throat products (except for one throat spray containing tetracaine), and it may be helpful if the patient finds swallowing uncomfortable. Prolonged use can cause sensitisation in some individuals, so use should be limited to five days. Products containing benzocaine should not be used at all by children or the elderly.

NSAID Flurbiprofen is an NSAID available as a lozenge for the relief of sore throat. In a double-blind trial,[3] flurbiprofen lozenges were found to be effective and well tolerated. The dose is one lozenge every three to six hours up to a maximum of five in 24 hours. The usual precautions for NSAIDs apply.

Alan Nathan BPharm, BA, FRPharmS, is a pharmacy writer and consultant, and visiting lecturer at King's College London. Some of the information in this article is based on material in Alan Nathan's book, 'Non-prescription Medicines' (3rd edition), published by the Pharmaceutical Press.

For references go to www.dotpharmacy.com

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the January 6 issue, which will cover this week's CPP-accredited module, together with those in the December 9 and 16.

These will cover:
- Colds, flu and sore throats (1388)
- Multiple sclerosis part 1 (1389)
- Multiple sclerosis part 2 (1390)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

Chemist + Druggist
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C+D GENUS PHARMACEUTICALS

Changing the way we supply our medicines

The need for change

We are changing the Pfizer UK supply and distribution arrangements to allow us to take full responsibility for our medicines from the point at which they leave our manufacturing centres until they are sold to our customers who dispense them.

As the major supplier of medicines to the NHS, we are very aware of, and increasingly concerned about, the complexity of the supply chain and the implications for our medicines. We are confident that as a result of our changes Pfizer will:

- be better able to manage supply and be more responsive to stock-shortage situations so that pharmacists and patients are better able to obtain Pfizer medicines
- reduce the risk of counterfeit medicines by securing the distribution of the supply chain so that pharmacists and patients can be confident they will receive genuine Pfizer medicines from Pfizer
- have improved visibility over the supply chain, and be better able to trace and recall Pfizer medicines with complete confidence if and when required

Under the new system, pharmacists will be able to buy Pfizer prescription medicines directly from Pfizer with complete confidence.

Working with pharmacists

Pfizer believes that pharmacists are increasingly important customers. The new distribution arrangements will enable us to get closer to pharmacists and over time develop a beneficial partnership.

We will continue to maintain our substantial financial investment in distribution and continue to offer cash discounts because this is what pharmacists have told us they want.

Over time, our intention is to develop a wider range of other service-based offerings for pharmacists, based on analysis of customer needs and the new pharmacy contract.

How will it work?

- Pfizer prescription medicines will be distributed by UniChem Limited
- Pfizer and UniChem will jointly ensure full coverage for all new and existing UK customers, and ensure current service patterns are maintained

Next steps

We anticipate that the new arrangements will go live in the first quarter of 2007. Over the next few months, we will ensure we communicate with pharmacists to help them understand the changes. This communication will be driven by the Pfizer pharmacy team and through the pharmacy media.

If you already have an account with UniChem, there will be minimal changes. If not, Pfizer and UniChem will be contacting you shortly to explain the changes further and support you through the sign-up process.

We understand that you will have questions and possible concerns over this change. To find out more, please log on to www.pfizerdtp.co.uk or call our dedicated pharmacy customer service team on **0845 608 8866** who can put you in touch with your local pharmacy representative. No further information is available on the discount scheme at this point.

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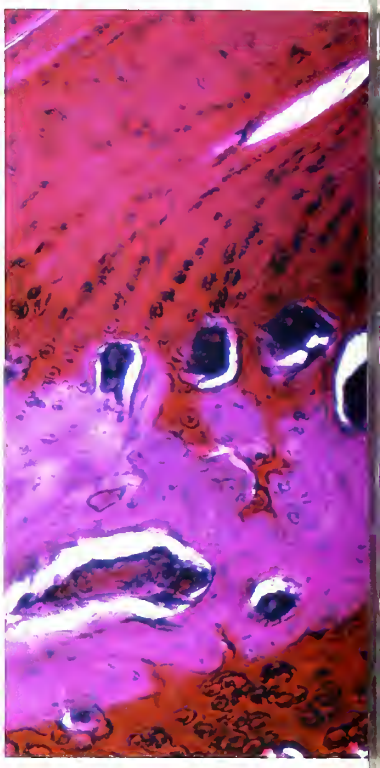

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- Post the coupon opposite to Update Registration, Pharmacy Projects, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
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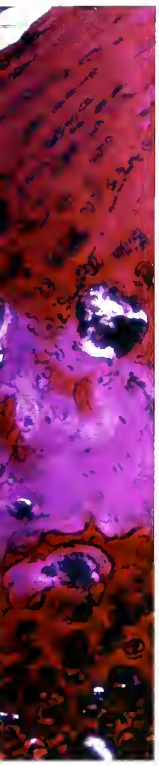

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Return this coupon with a cheque or credit card details to: Update Registration, Pharmacy Projects, CMP Information, Riverbank House Angel Lane, Tonbridge, Kent TN9 1SE.

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David Spencer, pharmacist at the Update Pharmacy, calls his pre-registration pharmacy trainee, Julia O'Reilly, into his office.

"Julia," he says, "I've got a little project for you to stop us losing money and also to contribute to you achieving your performance standard for managing the dispensing process."

"Fine," replies Julia. "What is it?"

"Well, I'm getting fed up with having NHS prescriptions we've dispensed and sent off for payment being disallowed, meaning we don't get paid for them. I've got prescriptions here providing examples of the four reasons for items being disallowed. What I want you to do is to identify those reasons and then write them into a protocol for us all to follow so that we don't let any disallowed items slip by us in future."

David hands over the photocopies of four disallowed prescriptions that the pricing bureau has returned.

The first three are on forms issued by GPs and the fourth by a dentist. They read:

- **Laxoberal liquid** 10ml nocte. 300ml.
- **100 x cyanocobalamin tablets** 50 micrograms. Take three tablets daily, one hour after breakfast.
- **Soothagel** Supply 2 x 5ml. Apply prn for mouth ulcers.
- **Erythromycin** 250mg capsules. One four times a day. Supply 20.

Questions

1. Why have these four prescriptions been disallowed?

CPD This article can help in the following CPD competencies: G1a, G1e, G1h. See www.tinyurl.com/194zu

HTA analysis proves worth of rheumatoid arthritis drugs

Adalimumab, etanercept and infliximab are effective in treating rheumatoid arthritis but access to them is limited in some areas, according to a Health Technology Assessment.

In 2002, Nice recommended etanercept and infliximab for patients who have not responded to at least two DMARDs, but implementation of the guidance is reported to be variable.

Now, recent evidence and the introduction of new agent adalimumab has prompted a new HTA analysis that will feed into future Nice guidance.

It concluded that all the drugs are effective in patients who are not well-controlled with conventional DMARDs.

The combination of a TNF inhibitor with methotrexate was found to be more effective than methotrexate alone in early disease, although the researchers admitted the clinical relevance of this finding has yet to be established.

Cost-effectiveness analyses have shown the drugs are most economical when used as last active therapy.

For more information:
http://tinyurl.com/yhjlkq

In brief

PCTs should fund vitamin D supplements for Asian children for at least the first two years of life, researchers writing in Archives of Disease in Childhood have reported. An investigation of vitamin D deficiency in Burnley found that most patients presenting in the past five years were of Asian origin.

AstraZeneca is to discontinue quinidine bisulphate 250mg from December 31. It is indicated for maintaining sinus rhythm following cardioversion of atrial fibrillation, and suppression of supraventricular and ventricular tachyarrhythmias. For information call 01582 836836.

Risedronate may be more effective than alendronate in preventing fractures in women with osteoporosis, a large retrospective study has revealed. Published in Osteoporosis International, the study found patients taking once-weekly risedronate were 46 per cent less likely to have a hip fracture than those on once-weekly alendronate.

Nice has published draft guidance on fever in children for comment by January 18, 2007. For information go to http://www.nice.org.uk

Evidence that inhaled corticosteroids do not cause malformations has been strengthened by a large new study published by Thorax. Go to http://thorax.bmj.com

A Practical Approach... last week's answers

1. a) Pyridoxine (vitamin B_6) is a co-enzyme in the final step of the biosynthesis of serotonin, a neurotransmitter known to have potent effects on mood, and it has been suggested that a deficiency of pyridoxine may contribute to the depressive symptoms in PMS. Clinical trials have produced conflicting evidence of effectiveness, but a meta-analysis (BMJ 1999; 318: 1375–1381) concluded doses up to 100mg per day are likely to be of benefit in treating pre-menstrual symptoms and pre-menstrual depression. The recommended dose is 100 to 200mg daily for three days before the onset of symptoms until two days after the start of menstruation, or 50 to 100mg daily throughout the month.

Long-term use of high doses over long periods can cause peripheral neuropathy so, if no benefit is perceived within three months, treatment should be discontinued. Women should be warned to be alert for signs of toxicity, such as tingling and numbness in the hands and feet. Pyridoxine is a GSL medicine, although the RPSGB has advised caution in its use.

b) *Agnus castus* (chaste tree fruit) extract: several clinical trials have shown preparations of this herb to be effective in the treatment of PMS. Compounds similar in structure to the sex hormones have been isolated from the plant. The recommended dose is the equivalent of 20mg casticin, the active constituent, daily. *Agnus castus* is not licensed as a medicine, but is available in herbal preparations marketed as dietary supplements.

c) NSAIDs, particularly mefenamic acid and naproxen, have been found to be beneficial for PMS. There is no specific evidence that ibuprofen is effective but it may be worth trying. PMS is not a licensed indication, but is licensed for the relief of dysmenorrhoea pain.

d) Other complementary medicines and therapies. A meta-analysis of 27 trials of homoeopathy, dietary supplements and other complementary therapies (Am J Obstet Gynecol 2001;185:227-35) concluded there was no basis for recommending any of them. However, there is some clinical trial evidence that high intensity aerobic exercise and cognitive behavioural therapy are effective.

Further information can be accessed via Clinical Evidence at www.clinicalevidence.com

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Solpadeine 'Paint The Town Red' Independent Pharmacy Winning Windows

The following pharmacies sited the 'best' Solpadeine window displays and as such have been voted the winning pharmacy by each GlaxoSmithKline Consumer Healthcare sales territory. Each pharmacy will receive a prize from their local Territory Business Manager in due course.

Cairns Pharmacy, Dover, Kent
Mrs Maureen Aruede

Olton Pharmacy, Warndon, Worcester
Sheena Bescoby
"I'm very grateful to GlaxoSmithKline Consumer Healthcare for providing top quality wins for large windows."

Zantac's got xmas presence

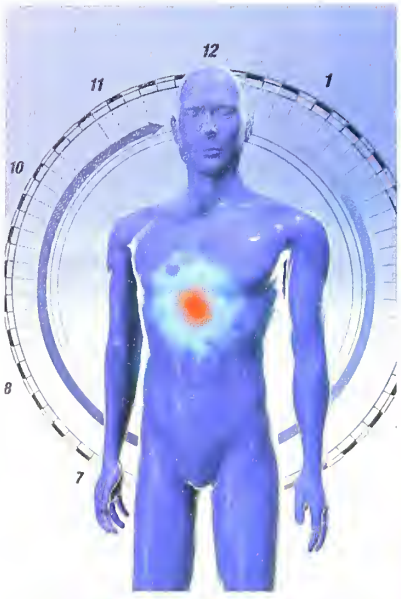
Zantac 75 will be back on television this month with a repeat outing for the 'blue man' ad.

The £390,000 campaign is the second for the brand this year and brings the TV spend for the last six months to £915,000, reports GSK.

Ads break on December 18 and run until New Year's Eve, ensuring exposure in the key Christmas period, says the company.

The 10-second executions bring the on-pack 'blue man' to life to explain how the symptoms of heartburn and indigestion can be relieved by Zantac 75 tablets, with emphasis on the product's 'up to 12-hour relief' claim.

The campaign is expected to have a wide reach among adults, with women aged 45+ who are medium to heavy sufferers of heartburn and indigestion being the key target audience.



Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

C+D BRAND FOCUS

GlucOsamax Extra from Health Perception

Health Perception, the leading glucosamine specialist, has launched a new maximum strength joint care product crammed with the best ingredients to help maintain healthy joints.

New **GlucOsamax Extra** is a dual tablet formulation designed to provide complete nutritional support for your joints in a convenient once-a-day combination. It provides an innovative high strength combination of five key ingredients:

- **MSM** (Sulphur) is necessary for making collagen, the primary constituent of cartilage & connective tissue; it also enhances tissue pliability and promotes blood-flow, aiding the recovery process after physical activity.
- **Rose Hips** are rich in Vitamins A, C and E and cartenoids including beta-carotene, Lycopene and Lutein. They also contain flavanoids and beneficial fatty acids, which can help with the regeneration of the soft tissues.
- **Omega 3** can help to nourish and lubricate the joints, as well as providing EPA and DHA which are the nutrients used by the body to build cell structures and strengthen cell membranes.
- **Glucosamine Sulphate** helps to maintain joint mobility. It is a naturally occurring biochemical constituent found in healthy joint tissues; structures such as cartilage, tendons and ligaments rely on this amino sugar to promote continuous re-building.
- **Chondroitin Sulphate** is known as the 'liquid magnet' because it helps to attract fluid and nutrients into the joint.

Tablet 1 provides: MSM – 500mg, Rose-hip – 500mg, Omega 3 200mg

Tablet 2 provides: Glucosamine – 665mg 2KCl (providing 500mg sulphate), Chondroitin – 400mg (90% marine source)

GlucOsamax Extra retails at £19.99 (for 30 + 30 tablets) and is available from major wholesalers or direct from Health Perception on **01252 861454** or **www.health-perception.co.uk**

Tubifast gloves for children and adults

Mölnlycke Health Care has added Tubifast gloves for children and adults who suffer from hand eczema to its Tubifast Garments range.

The gloves can be worn throughout the day and night without hampering day-to-day activities.

The company says the gloves allow full coverage of the wrists and feature 'SoftSeam' technology, which results in flat, comfortable seams that will not irritate sensitive skin.

Mölnlycke suggests that the gloves can be used to treat hand eczema in conjunction with Epaderm emollient.

Product info:
Mölnlycke Health Care
Tel: 0800 731 1876

Prices and Pip codes:
All £31.50 for six Adult large, 325-1527; adult medium, 325-1501; child large/adult small, 325-1485; child medium, 325-1477

Impulsive gifts from Unilever

A range of Christmas gifts has been released by Unilever spanning the Dove, Lynx, Sure Sport, Lux and Impulse brands.

The festive array includes 11 Lynx packs ranging from a £4.89 body spray and shower gel pairing to an £11.49 eau de toilette and bodyspray duo. Eight gift packs from Dove include stocking fillers of Magical Minis and Shower Treats while the Lux line-up includes the Starshine collection of cream bath, body lotion and a make-up bag.

Sure Sport for Men offers three variants, one of which includes a week long Fitness First Gym voucher for two people, together with deodorant and shower gel. Fragrance brand Impulse proffers a range of options priced from £2.49 to £9.99.

As many presents are impulse purchases, Christmas gifts should be displayed in a prominent position, advises Unilever.

Product info:
Unilever Home and Personal Care
Tel: 020 8439 6100

Price: £2.49 to £12.49

Nutritional advice

Forest Laboratories has published a free nutritional booklet for parents of infants and young children.

'Nutritional Top Tips', by dieticians Nigel Denby and Kathy Klein, includes advice on how to wean infants, suggestions for nutritional snacks and finger foods, and answers to frequently asked questions. To obtain copies, call the number below

Product info:
Louisa Cronin
Tel: 01923 777277

Products in brief

Business scents

Superdrug expects to sell 2.5 million bottles of fine fragrance and aftershave in the run up to Christmas fuelled by a price cutting exercise seeing top brand names slashed by up to 60 per cent.

The company predicts consumers will save £15 million through the promotion which will see, for example, a 100ml bottle of Elizabeth Arden Red Door selling at £15 compared with the RRP of £43. Further savings for customers come in the shape of a 'three gifts for the price of two' initiative.
Superdrug
Tel: 020 8684 7000

Success for Sudocrem

Sudocrem has won two awards in the parenting press. Practical Parenting named it 'Number one choice' in the skincare category while Prima Baby awarded the product 'Best value' and 'Best buy'.
Forest Laboratories
Tel: 01322 550550

Kent's dozen

A collection of 12 make-up brushes has been launched by Kent Brushes. The Twelve range uses soft natural hair to apply powder products and synthetic fibres to apply liquid and cream products. Variants include an eye groomer brush, lip brush, foundation brush and a powder/bronzer brush in a travel case.
Price: £6.50 to £35
Kent Brushes
Tel: 01442 232623
www.kentbrushes.com

Bisodol relieves the festive fug

Bisodol is on TV this Christmas with the support of a £1 million marketing campaign.

The TV ads for Bisodol Indigestion Relief Tablets draw attention to the effects of eating and drinking too much over the festive season.

They will run on Channel 4, five and satellite channels until January 7, 2007. There will also be a series of radio interviews with dietician Nigel Denby and consumer PR.

Forest Laboratories is supporting the campaign with educational and point of sale materials for pharmacists.

Product info:
Forest Laboratories
Tel: 01322 550550

Breathe easy with Kleerway

Kleerway is a new nasal dilator said to make breathing easier by increasing the cross-sectional area of the nasal valve. The latex-free strips can be used to ease congestion during a cold, flu or when allergy symptoms are problematic.

Athletes, snorers and pregnant women may also find the strips beneficial, says BSSAA.

Product info:
BSSAA
Tel: 01737 245638

Price: £9.99/30

Neutrogena offers Norwegian solutions to the winter blues

Neutrogena Norwegian Formula has created new products and display units.

Fast Absorbing Hand Cream is said to "keep hands hydrated and comforted". It is absorbed instantly, leaving no stickiness or greasy residue, says the brand. Intense Repair Foot Cream soothes and relieves dry, damaged feet and gives visible results in one day, claims Neutrogena. Nourishing Body Emulsion is a non-greasy lotion offering 24 hours of moisturisation.

For lips, Six Hour Protection Lip Balm containing allantoin and vitamin E and Anti-Ageing Lip Balm are new to the Neutrogena line-up.

Product info:
Neutrogena
Tel: 0845 601 5789

Prices and pip codes:
hand cream £3.99/75ml, 324-3581; six hour lip balm £2.99/15ml, 324-3565; anti-ageing lip balm £3.49/15ml, 324-3532; foot cream £5.99/40ml, 324-0876; body emulsion £4.99/300ml, 294-0856

Bacteria wiped out in one fell swoop

Zero Bacteria is a new range of antimicrobial products available from Paul Murray.

Positioned as the professionals' choice for consumers, the range of foam, spray and wipe formats is said to be effective against 99.9 per cent of all germs including MRSA, SARS and bird flu.

The products can be used to combat bacteria, fungi and viruses on hard surfaces, fabrics and the hands.

A display tray containing four bottles of spray and six each of the foam and wipes is available offering 25 per cent POR.

Product info:
Paul Murray
Tel: 023 8046 0600

Prices and Pip codes:
spray £2.99/25ml, 325-3648;
foam £3.49/50ml, 325-3655;
wipes £3.99/10, 325-3663

Products in brief

Wellpoint signposting

Wellpoint has updated the software on its interactive health centres to include details of 2,150 national support groups. This will help pharmacists meet the signposting requirements of the pharmacy contract, says the company. More than 1,000 health information sheets will be added by the end of the year.
Wellpoint Group Ltd
Tel: 0845 606 6931
www.wellpointgroup.ltd.uk

Recharging sales

Panasonic is urging pharmacists to make the most of the pre-Christmas surge in sales of batteries. According to the company, sales traditionally triple in the run up to the festive season.

As well as the company's 'power station' counter display unit launched earlier this year, tailored promotions are available throughout winter.
Panasonic Batteries
Tel: 01344 853795

Products advertised on TV next week

Benylin: All areas & Sat except GMTV
Bisodol: C4, five & Sat
Calpol: All areas & Sat
Covonia: All areas except U, C, A, CTV, M, LWT, CAR and C4
DulcoEase: GMTV
New Gaviscon Double Action: All areas & Sat
Just For Men: All areas & Sat
Medised: C4 (Wales), five, GMTV & Sat
Meltus: five, GMTV & Sat
Nicorette: All areas except Sat
Paramol: C4, five and Sat
Seven Seas Cod Liver Oil: All areas
Sudafed Aroma (Plug & Rub): All areas & Sat except GMTV
Sudafed Core: All areas & Sat except GMTV
Sudocrem: Sat
Vicks Sinex Decongestant Capsules: All areas & Sat
Vicks First Defence Nasal Spray: All areas & Sat
Vicks First Defence Protective Hand Foam: All areas & Sat
Windsetlers: five, GMTV only
Ymea: All areas & Sat except C4, five
PharmaSite for next week: Anadin Ultra – Windows, **Meltus** – [illegible]
Meltus – Dispensary
Pharmacy channel: Imigran Recovery, Beechams Liquid Pod[illegible] & Anadin Ultra Double Strength

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, [illegible]
CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, [illegible]
HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-[illegible]
Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-[illegible]

Getting down to business

The second part of C+D's survey of 200 pharmacists quizzes contractors on commerce

C+D reporters

Use a pencil and not a pen is probably the safest advice when drawing up your pharmacy business plan. Change appears to be the rule of thumb in an industry which has faced the loss of £300 million in purchase profits, an overhaul of PCTs and new contracts in England, Scotland and Wales in an 18 month period.

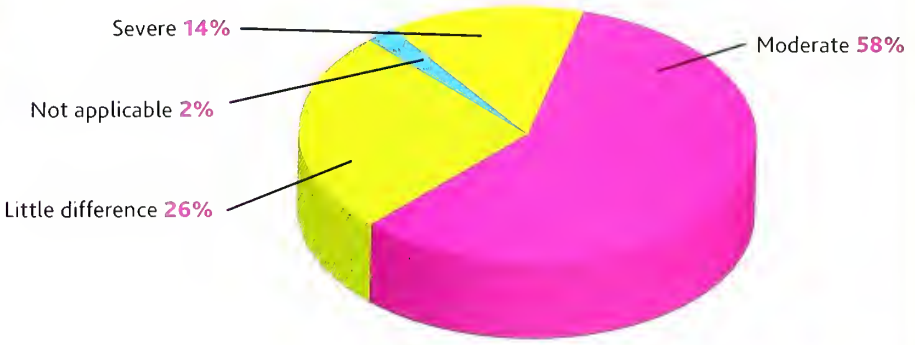
Market upheaval appears to have spread uncertainty among contractors, according to the results of the C+D survey in collaboration with Numark. Although most feel reduced margins on medicine dispensing will only have a moderate effect on their bottom lines, the majority said profits were unlikely to grow next year.

Yet many of the 200 independent pharmacists quizzed are pushing on with NHS services including smoking cessation, emergency hormona contraception and needle exchange. Contractors appear ambitious to take on greater healthcare responsibilities. The key challenge is getting the message through to GPs so the profession can fulfil its potential under practice based commissioning.

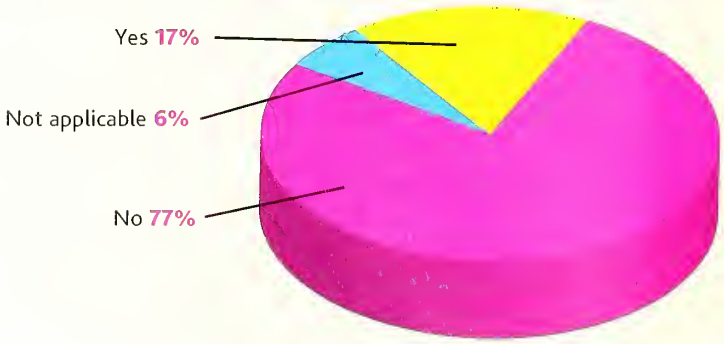
"Generally the loss of purchase profits has had a moderate effect on pharmacists' profits. We're feeling it but not as badly as we thought we might. The variations in the quarterly clawback have not hit us badly as we've got a very understanding bank"

John Blundell, Station Pharmacy, Maghull, Liverpool

What impact has the loss of purchase profits had on your business:



Have you talked to your local GP about practice based commissioning:



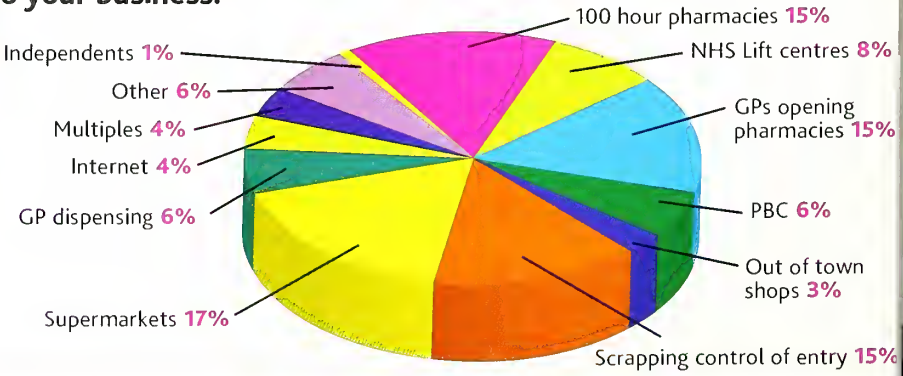
"I think something needs to be done to get pharmacists and GPs together. We need to get the message across that we're both on the same side. I have found doctors have a closed door attitude towards pharmacy"

Gill Swift, Whitehouse Pharmacy, Penkridge, Staffordshire

"Supermarkets are using 100-hour openings to gain a bigger share of the pharmacy market. I see the growth of large retailers as the key threat to independent operators. I'm not concerned over control of entry changes. I can't see the government doing anything dramatic"

Khal Khaliq, Lansdales Pharmacy Ltd, High Wycombe

Which of the following do you consider to be the biggest threats to your business:



The Numark view:

"The survey results show that pharmacists are not talking to their GPs yet about practice based commissioning. We're keen to engage with GPs and are working towards better communication. We plan support that will help the pharmacist introduce the subject of MURs to doctors in the context of overall pharmacy services.

"What is particularly pleasing from the survey is that the number of MURs members plan to deliver this year shows a 100 per cent increase. Obviously our efforts in providing an MUR resource pack and one to one training have helped, but most are still some way off the 400 mark.

"Rather than conducting MURs on a random basis, we will encourage our pharmacists to target key patient groups whereby due to their geo-demographics there is a higher prevalence of certain diseases.

"We are optimistic that once the new PCTs have settled in we will see new enhanced services being commissioned. Clearly the survey shows that the majority of members are getting behind these services and are currently hindered in their innovation by lack of local funding – a real frustration.

"We will continue to work with our members to combat the threat from supermarkets and that posed by the control of entry exemptions. There is a future for independents. They have the advantage of being based in the community and providing a consistent and accessible point of contact with the patient." **Mimi Lau, director**

Most popular services commissioned by PCTs:

1. Methadone dispensing
2. Smoking cessation
3. Emergency hormonal contraception
4. Needle exchange

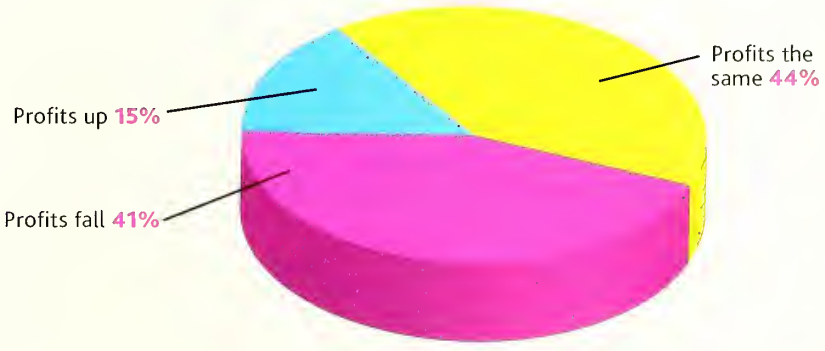
Have your say

Do the C+D/Numark survey findings ring true at your business? Have you spoken to your local GP about practice based commissioning? Are you upbeat about business in 2007? **Please contact C+D with your views on 01732 377315 or**

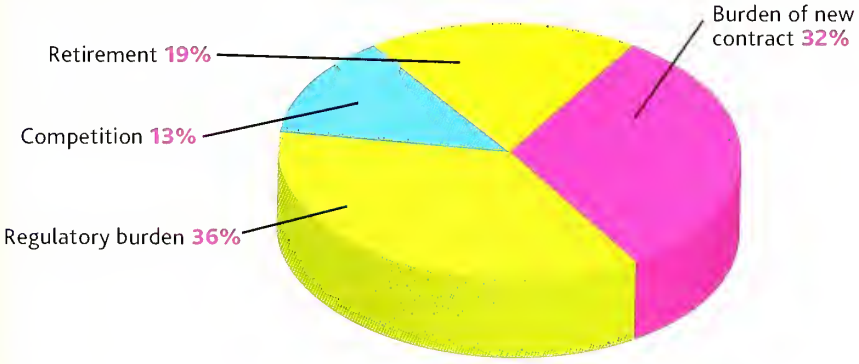
"The industry seems to be in a state of flux so for many of us it's difficult to plan ahead. Maintaining business is not good enough. You have to aim to grow or you're left standing still. Looking for new opportunities is critical whatever business you're in"

David Clark, New England Pharmacy, Haywards Heath

How do you rate prospects for your business for the coming year:

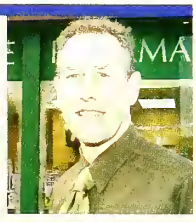


If you are planning to sell your business in the next five years is this due to:



"I think excessive regulation is leading to many people calling it a day. It's easier for the multiples which have the resources to deal with so much red tape, but for an independent it's much harder"

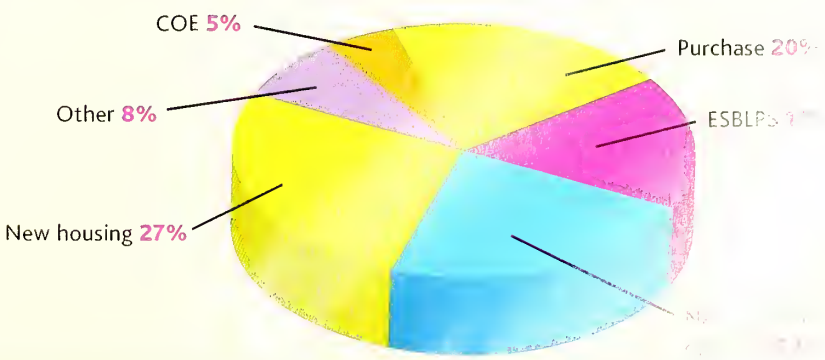
Siobhan O'Reilly, Tempo Pharmacy, Tempo, County Fermanagh



"If I was looking to apply for a new contract then I would use necessary or desirable. I think there are opportunities in low income areas to set up pharmacies"

Graham McFarlane, Bellsmyre Pharmacy, Dumbarton, Glasgow

If you are looking to expand your business, will you use:



Whose liability is it anyway?

When someone else's error can land you in the dock: the first in a series of articles from Charles Russell Solicitors looks at the issue of dispensing liability

David Reissner and Rachel Warren

Mr U (not his real initial) is superintendent pharmacist of a company that owns a London pharmacy. Mr U normally works there full-time.

In May 2004 he was on holiday and left a locum, Mr Y (not his real initial), in charge. Shortly after he took charge of the pharmacy, Mr Y received a telephone call from someone at a local GP surgery asking him to supply diazepam 2mg and amiodarone 200mg to an elderly patient. The surgery was unable to fax through a prescription because the surgery's fax machine had broken. Mr Y checked the patient's details in the pharmacy's PMR, and put the medication in an MDS tray. Under the impression that the supply was fairly urgent, Mr Y arranged for the medication to be delivered to the patient's home. The locum made a couple of attempts to obtain a prescription from the GP, including sending the pharmacy's delivery driver to the surgery, but was unsuccessful.

It turned out that the patient should have been prescribed vitamin capsules and quinine sulphate. The person from the surgery who had telephoned the pharmacy had probably given the medication details of another patient. The patient for whom the medication had been intended did not, in fact, use Mr U's pharmacy and the real patient's details were therefore not in the pharmacy's patient medication records.

The Royal Pharmaceutical Society investigated the incident, and made allegations of misconduct to the Statutory Committee, not only against Mr Y, the locum, but also against Mr U, the superintendent pharmacist. Against Mr U, the Society alleged that, although on holiday at the time that the dispensing error occurred, he was at fault as superintendent because he did not have written standard operating procedures (SOPs), an error log or a complaints procedure. The Society contended these would have minimised the risk of such an error occurring.

At the Statutory Committee hearing Mr U accepted that he did not have written procedures in place at the time of the incident. However, at the time of the incident, the professional requirement for written SOPs had not yet come into force. He gave evidence that all requirements were now met but maintained that, even if such procedures had been in place in 2004, they would not have prevented this particular incident.

The Statutory Committee concluded that although the locum, Mr Y, should not have dispensed medication without a prescription, he had made attempts to obtain one, and the Committee accepted that Mr Y believed that the request for the medication was reasonably urgent. Although this was held to be misconduct on the part of Mr Y, the misconduct was not serious and no further action was taken against him.

In the case of the superintendent, Mr U, the Statutory Committee accepted his argument that SOPs were not a professional requirement at the time of the incident. Giving the Committee's decision, Lord Fraser of Carmyllie QC stated that even if written procedures had been in place they would not have prevented the error occurring. The Committee held that there was no case to answer against either the superintendent or the company.

It may seem strange to many in the profession that a superintendent pharmacist had to appear before the Statutory Committee in relation to an incident involving another pharmacist. The only allegations made against the superintendent were that he had failed to comply with requirements to have certain written procedures in place and a near-miss log and error log. It is obviously important for pharmacists to comply with such requirements in order to ensure the safety of patients. However, the Society's case against the superintendent seems to have been a combination of guilt by association with the locum, and a knee jerk reaction to bring in the superintendent whenever something untoward happens at a pharmacy owned by a company.

It remains to be seen if the Society will continue to take this (unsuccessful) approach to cases once the Health Act 2006 comes into force. The Act amends the Medicines Act 1968 to require all pharmacy owners to nominate a responsible pharmacist who is in charge of each pharmacy. When the Health Act comes into force (the Department of Health has not yet appointed a date for this), a new section 72A of the Medicines Act will impose a legal duty on the responsible pharmacist to "secure the safe and effective running of the pharmacy business at [each] pharmacy". No such legal duty is placed on superintendent pharmacists. In future, superintendent pharmacists may have an additional line of defence when something goes wrong, arguing that it is the responsible pharmacist who is accountable, not the superintendent.

David Reissner and Rachel Warren are members of the Charles Russell Healthcare and Regulatory team.

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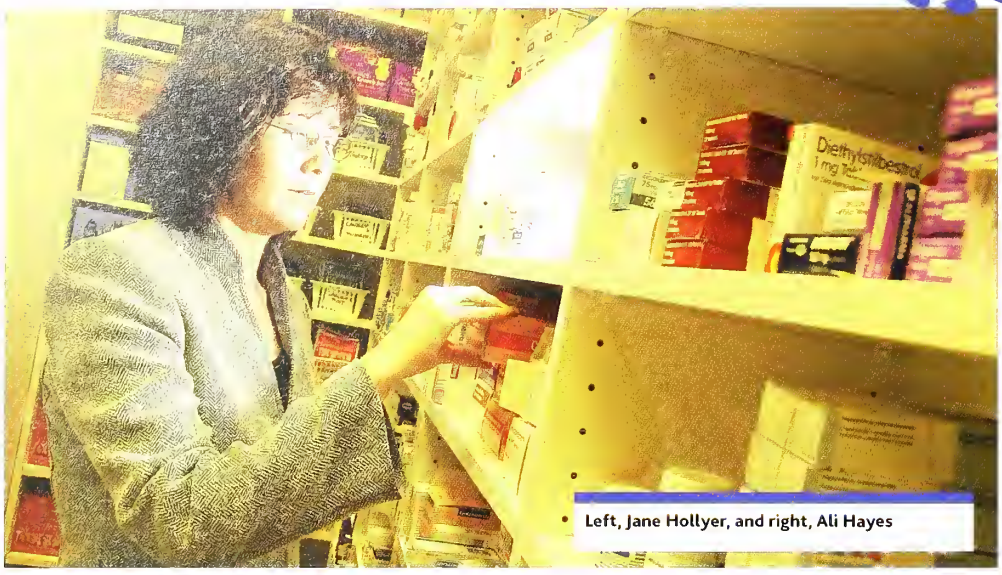
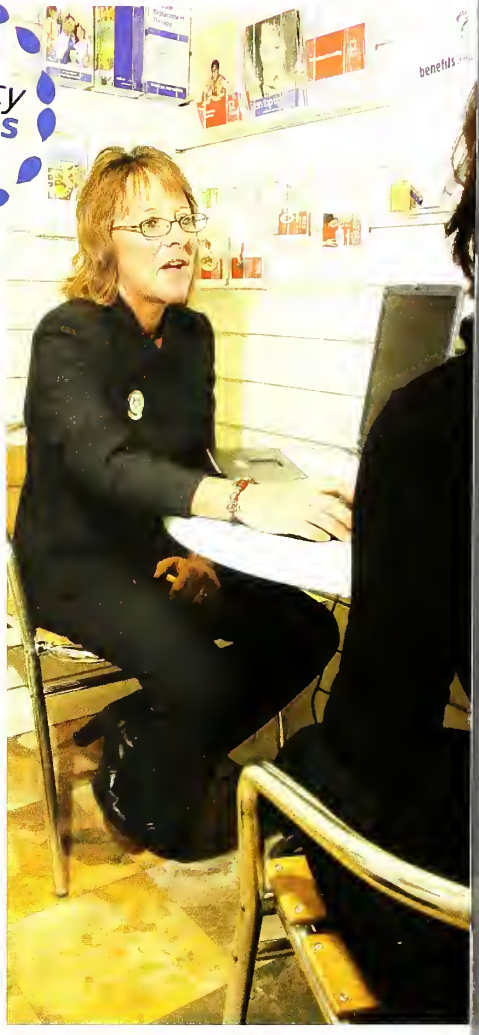


Left, Jane Hollyer, and right, Ali Hayes



Names
Jane Hollyer and Ali Hayes

Pharmacy
Pines Pharmacy, Exmouth, Devon

What have they done?
A major refit 12 months ago and a new consultation room have allowed them to offer a number of new services

What have you set up?

The main service that we are concentrating on at the moment is medicines use reviews (MURs). We have had the full support of the owner of the pharmacy who financed the refit and gave us time off to do the training. This has involved approximately 60 hours of training, including two MCAs to NVQ level 2 and recruiting and training a full-time ACT. Their increased skills free us up to deliver clinical services. We job share and work half a week each.

The biggest problem has been encouraging patients to make use of the service. Initially a staff incentive scheme was set up, encouraging them to 'sell' the service to patients. The person who signed up the most patients received an extra day's holiday.

"However, many patients thought they would be better seeing their GP if they had problems and some could be quite rude to the staff," says Ms Hollyer.

"More recently we have done a targeted mailing to patients using our PMR to identify drugs known to be prescribed for certain conditions from a list supplied by the PCT," says Ms Hayes. The patient's details are annotated with 'letter sent' and the date of the MUR. "This avoids us inviting patients for an MUR if they have already had one," she adds.

In addition, all staff have been trained to record patient interventions electronically, made possible by an update to Pines' AAH Link PMR system. "Because we job share, everything is now added to the patients' notes," says Ms Hayes. "This gives continuity of care and improves patient satisfaction."

Two weight management services, smoking cessation, repeat dispensing and blood pressure monitoring are also offered. Ms Hollyer says the latter has been disastrous because they have done little to promote it and patients are able to go to their GP to get it checked free, whereas the pharmacy charges £4.95.

"With hindsight it might have been better to have included blood pressure measurement as part of a health 'MOT', where we also checked BMI, cholesterol and diabetes," she says. "The patients might have been more willing to pay for a general health check rather than just blood pressure monitoring."

What has been the high point?

"I enjoy providing the MURs, although it took a while for my confidence to grow. Most patients are grateful for the opportunity to discuss their medication. We have been able to help some patients who are very confused or don't understand their treatment," says Ms Hollyer.

"I get a feeling of satisfaction when I can make recommendations," says Ms Hayes. "Even small changes can make a difference to a patient. It also gives me an opportunity to develop relationships with the patients."

What has been the response from patients and GPs?

Patients phone or come in to make an appointment for MURs – even those the pharmacy normally delivers to. "It's really rewarding to see patients whom you only know as a voice on the other end of the line," says Ms Hayes. "It's a myth that people fail to turn up for an appointment. Although the local surgery has a high number of no-shows, our rate is currently 3 per cent. If you choose your patients correctly and explain the service properly and they value what you do, they will come."

Has setting up the service/s given you greater job satisfaction?

Yes, because we're using our skills more effectively. The whole pharmacy is viewed more professionally and staff have enjoyed increased responsibility – we couldn't do it without them.

Nominate your Pharmacy Champion:
Telephone 01732 377688
or email chemdrug@cmpmedica.com

0207 921 8124

Booking and copy date
12 noon Monday prior
to Saturday publication
subject to availability

Contact:
Chris Docwra
Chemist + Druggist (Classified),
CMP Information Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8123
F: 0207 921 8130

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Behind with your CPD? Worried about Category M? Perplexed by the PSNC move? Don't despair, our wine buff the Plonker offers some relief. This month: how to enjoy a bottle of shampoo without breaking the bank and some seasonal advice on preparing mulled wine – including a 30-year-old recipe.

Put a bit of life into your fizz!

There were sighs of delight all around Château Plonquer when I announced I was writing a piece about fizzy wines; dreams of Bolly and Krug were soon shattered when I arrived home with a perfectly adequate Italian froth for under a fiver.

Facing up to December's economic disaster can't be unique to the Plonkers, so I set out to find some good value sparkling wines that won't break the bank. Having said that, if the Plonker does happen to be on your Christmas gift list then think Billecart-Salmon or Louis Roederer; good champagne is still in a class of its own!

Christmas and New Year are really difficult times for wine lovers; we're torn between gregarious generosity and the protective instinct of all obsessives to lock up the good stuff.

Here are the rather miserly tactics:

- Find some acceptable fizz that everyone likes.
- Never serve classy champagne to the masses.
- At dinner parties serve a decent bottle first, wait for your guests' knees to buckle and follow it up with something a little more modest.
- Disable the homing device for vintage claret that all 80-year-olds seem to possess – lovely to see you Auntie Maude.
- Play down your enthusiasm for wine or they'll be around every week.

The range of sparkling wines available on the high street gets larger all the time with some surprising new arrivals – notably the Brits. English vineyards have been producing creditable white wine for years and they get better and better as experience grows and climate change kicks in. There are even persistent rumours of French champagne houses buying up possible sites in Southern England as the region around Rheims hots up. Nyetimber and Chapel Down are the two long-time stalwarts. The Chapel Down Brut Non Vintage has a regular place in our cellar and expect to pay £12 to £15 from wine shops or direct from www.englishwinesgroup.com. It has all the characteristics of a traditionally made champagne-style wine – yummy.

For value in the real thing then forget the big names and search out some of the smaller champagne producers. Calais is the place to be if you can make it for the day. The monster Sainsbury's at Coquelle is always real value, it has very approachable staff and currently there are some interesting lesser brands on their website www.sainsburyscalais.co.uk with prices for champagne as low as £10. To convince yourself that you are not just in an offshore extension to Kent, seek out the Perardel Wine Store in Rue Marcel Doret for a real taste of France.

France doesn't have exclusivity of course. Despite Cava's Footballers' Wives image, the Spanish answer to champagne can be very good value. We regularly buy the Segura Viudas Brut Reserva (Oddbins £6.49), which has a satisfying nuttiness about it.

Prosecco, the ubiquitous Italian fizz made mostly from Pinot Grigio grapes, isn't just a lightweight summer drink – the more complex versions have sufficient guts to take them into wintertime, Ombra Prosecco NV (Oddbins £7.99) is a really good example and I defy anyone not to find pears somewhere in the taste or smell.

There are two science-defying things you notice about celebration wines. Champagne, though no stronger than normal wine, seems to work faster to befuddle the brain. Mulled wine, having had most of its alcohol evaporated, makes even the most miserable of guests smile – so it must be to do with the atmosphere!

At the mere mention of the words 'mulled win Mrs P wants to be in on the act. This is a recipe she's been using for years found in a cookbook first published in the 1970s by Katie Stewart, who is still our number one food hero (makes 12 16 glasses):

- You need 225g of castor sugar, 300ml of water, two bottles of red wine, a small cinnamon stick and a lemon stuck with four cloves.
- Dissolve the sugar in the water in a good sized saucepan and bring to the boil. Add red wine, cinnamon stick and lemon. Reheat gently until nicely hot (don't let it boil), then draw off the heat, cover and allow to infuse for 10 minutes. Drink immediately.

Basic rules when mulling include: never, never buy the pre-mixed stuff, it's an abomination of sugar and spice; never let the mixture boil once th wine is added, it will turn to syrup; and don't be tempted to use very cheap wine. Happy glugging!

What's your tipple? Email the Plonker at chemdrug@cmpmedica.com

How to enjoy Prosecco

- Wait until the weather in Italy warms up.
- Take cheapest possible flight to Pisa – be warned, the airport is a dump!
- Take train to Lucca or any one of dozens of beautiful medieval towns in Tuscany and Umbria.
- Walk to main piazza, find busiest café with best view.
- Order bottle of Prosecco.
- Watch world go by.
- Offer prayer to Bacchus.

Wine maker of the month, continuing the English theme, goes to the family owned Bodenham Vineyard in Herefordshire. It's in a beautiful location and the enthusiastic welcome makes a visit worthwhile in itself; the home-made cake is good too. They describe their sparkler as whimsical, tongue-tingling and playful – I'll leave the rest to your imagination! Details at www.broadfieldcourt.co.uk

Website of the month goes to www.supermarketwine.com, which has a brilliantly simple idea in blog style that rates supermarket wines according to the newspaper reviews and then allows consumers to add their own comments. A quick look before you go out shopping can save you a lot of pain.

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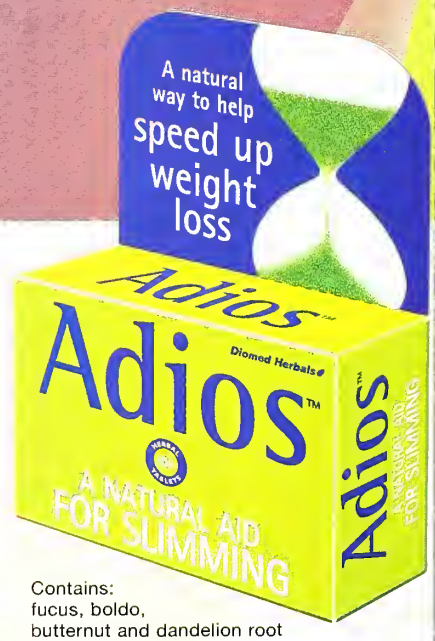

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